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Massachusetts Conference on Children, & Youth Families

PROCEEDINGS

Sponsored by
The Governor's Advisory Committee
on Children & the Family

Edward J. King, Governor

November 14 and 15, 1981

Harvard University
Science Center

Massachusetts Conference
on Children, Youth & Families

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PREFACE

Every ten years, the President of the United States, in an effort to mobilize the nation's resources and interest in children, has convened a White House Conference on Children. For the decade of the '80s, President Reagan allocated funds for each state to hold its own conference in lieu of the White House Conference. Under Governor Edward J. King, the Commonwealth of Massachusetts held the Massachusetts Conference on Children, Youth and Families at Harvard University on November 14 and 15, 1981.

The Governor's active involvement in the Conference - both through personal participation and through his Advisory Committee on Children and the Family - demonstrates his strong commitment to strengthen the families of the Commonwealth. This Conference represents but one of several landmark efforts on his part to carry out his commitment.

The purpose of the Conference was to find new strategies for serving and strengthening families in an era of rapid demographic change and shrinking economic resources. Over 800 participants attended the Conference representing a diversity of backgrounds and viewpoints. They met to address the basic question: in light of the new federalism and current fiscal constraints, what must state government do to support and strengthen families? For two days, they focused state attention on some of the most critical issues affecting children, youth and families.

Because of the pluralism of views expressed throughout the Conference, the Committe made the difficult decision to present only a synthesis and summary of the deliberations instead of the detailed contributions of the participants. However, the opening remarks by Governor King and the keynote address by Senator Mark O. Hatfield (R-Oregon) are included in toto. Because the forums were working sessions, participants did not vote on specific issues. The Proceedings therefore do not necessarily represent a consensus of opinion. Nevertheless, the Committee made every effort to include all substantive and pertinent proposals made at the Conference.

We hope these Proceedings will stimulate further thought, discussion and action. Though some proposals conflict with others in both spirit and substance, all reflect the profound concerns and sober deliberations of the Massachusetts citizens attending the Conference. Each warrants serious and careful consideration as the Commonwealth designs an action agenda for the 1980s.

On behalf of the Governor's Advisory Committee on Children and the Family, I wish to thank our Executive Director, Mrs. Katherine Johnson, and her assistants; the speakers and panelists who gave generously of their precious time, energy and expertise; all the participants for their constructive and at times heated involvement; and, last but not least, Governor King for his unprecedented commitment as Governor to exercise the full influence of his office to strengthen the families of Massachusetts.

Armand M. Nicholi, II, M.D.,
Chairman,
Governor's Advisory Committee
on Children and the Family

Massachusetts Conference on Children, & Youth Families

PLENARY SESSION

Opening Remarks
by
His Excellency Edward J. King
Governor
Commonwealth of Massachusetts

Families are the vital foundation of all social structures. No neighborhood or community can thrive without nurturing the love and commitment within families, and between one family and another. No government can effectively respond to social problems without recognizing that strong families provide the most enduring human resource for all individuals, young or old.

Yet we live in a time when powerful stresses of modern society divide families, and contribute to an ever-increasing rate of family disintegration. The 1980 report of my Advisory Committee on Children and the Family found that the structures and quality of family life in Massachusetts have undergone profound changes. In 1981 - a time of shrinking economic resources - the issues which confront the Commonwealth's families are all the more complex and compelling.

The challenge during the two-day Massachusetts Conference on Children, Youth and Families is three-fold: first, to examine the critical issues affecting our children, youth and families; second to scrutinize existing policies and practices in both the public and private sectors; and, third and most importantly, to discuss proposals for new strategies of social service to strengthen families in a time of fiscal restraint.

As we embark on our mission, we must be guided by two fundamental principles:

1. The most effective programs are usually those that seek to strengthen families rather than substitute for them, and those that value the natural support networks of families, - the neighborhood, the work place, and the community.

2. All of us, - private citizens, public officials, profit and non-profit sectors, - share the responsibility for improving the quality of family life in our Commonwealth.

In a time of limited financial resources, it will be natural for different individuals and groups to polarize around specific issues and advocate on behalf of one cause at the inadvertent expense of another. We must strive to avoid such unconstructive divisiveness by communicating and working together to fulfill our collective responsibility for strong and healthy families.

The problems with which the Bay State's families grapple are awesome. There is no quick fix or easy solution. All of us will not agree on what these solutions should be. But we do share a common concern for families and a commitment to open and productive debate.

If we have learned one lesson in recent years, it is that we can resolve the problems of children, youth and families only by bringing together individuals from a broad range of backgrounds and viewpoints. The composition of this conference provides an ideal forum to develop common understandings and directions.

Families are the fabric of society. The family today as always is the single most important influence on the individual and consequently, on society. For the sake of our children, our youth and our families - I pray, and I am sure you join me in that prayer - that the success in this effort which is so needed will be achieved.

POLICY CONTEXT FOR THE 1980s*

Although consensus emerged that the new federalism involves fewer federal funds for social welfare and greater state responsibility for meeting human needs, disagreement existed about its implications for Massachusetts children, youth, and families. Some posed the new federalism as a positive challenge for the Commonwealth. The challenge represents one of reducing spiraling social service costs, eliminating waste and duplication, and improving the cost effectiveness of programs serving the Bay State's children and families. The increased flexibility of fewer regulations, block grants, and less red tape, will enable Massachusetts to improve the state's response to the needs of her citizens.

Others viewed the new federalism as an abdication of federal responsibility for the health and wellbeing of the nation, especially social justice for the poor. Since the New Deal of the 1930s, the poor and minorities have considered government to be at their side. It has lent a helping hand for coping with the vagaries of a complex society and economic system. Now, efforts are underway to "get government off their backs".

The consolidation of categorical programs into block grants illustrates this trend. Originally, categorical programs were created to compensate for the inability or unwillingness of states to respond to glaring human needs and social problems. They assured the utilization of general tax revenues based on standards, accountability, and non-discriminatory allocations. Without this federal oversight, the danger of repeating the past travesty of general revenue sharing - ignoring the needs of the poor and elderly - could easily become a reality.

The initial impact of the new federalism, as embodied in the Omnibus Reconciliation Act of 1981, on the Commonwealth was substantial. In fiscal year 1982, Massachusetts sustained a 25% federal funding cut for preventive health, maternal and child health, social services, low income energy assistance, and alcohol, drug abuse, and mental health programs. The revenue loss

*This chapter represents a summary and synthesis of the addresses made during the opening Plenary Session. Plenary addresses were delivered by Urie Bronfenbrenner, Ph.D. - Professor of Human Development and Family Studies and of Psychology, Cornell University; Dorcas Hardy - Assistant Secretary for Human Services, U.S. Department of Health and Human Services; Marilyn James - Assistant Secretary for Social and Children's Services, Executive Office of Human Services, Commonwealth of Massachusetts; Hubert E. Jones - Dean, Boston University School of Social Work.

associated with these programs alone was $26 million. Substantially less funding was also available for education, public service jobs, youth employment opportunities, community services, and nutrition and school lunch programs. Additionally, revised federal regulations governing Aid to Families with Dependent Children resulted in AFDC benefit terminations for over 10,000 families and their children.

Proposals for state approaches to the new federalism varied widely. Some, for example, urged Massachusetts to change the way it plans and provides human services to ensure efficient use of limited resources. First, the state should evaluate past goals and success in meeting them to determine what has worked and not worked. Second, goals and priorities commensurate with the real needs of children and families should be established. Massachusetts should then develop a service delivery strategy that is consistent with its goals and priorities. It should also include innovative measures to eliminate duplication and fragmentation. To further adapt to the new federalism, the state should find new sources of revenue, including charging client fees. Additionally, the new approach should include redefined roles for the private sector and advocacy community in assuming social responsibility and developing public policy.

Others, however, called for Massachusetts to actively promote the health and wellbeing of children and their families. In public welfare for example, one objective should be to ensure that all poor families have access to adequate incomes. Current AFDC grants, even when combined with Medicaid and food stamps, represent bare survival levels. But annual cost-of-living adjustments would at least permit them to keep up with actual inflationary increases. Another objective should be to reject the Comprehensive Work and Training Program as proposed at the time of the Conference. The proposal did not fully address the needs of mothers who raise their children.[1] Moreover, its ability to produce the intended results was questioned. And for some, even if the program were to succeed in discouraging new applications, the human costs incurred by poor children and families struggling to survive would outweigh the savings to the state.

Additionally, this call to state action focused on public policies in the areas of child welfare, juvenile justice, and public education. In child welfare, present practices for implementing the policy of not removing children from their families unless essential for their protection should be carefully examined. Some believe that current implementation of the policy tends to generally discourage taking out care and protection (C&P) petitions. It should be remembered however that C&P petitions do not necessarily lead to removal of children from their homes. But they can assure the provision of needed support services that enable children to remain with their families.

In juvenile justice, the Commonwealth should address the problem of youth who inappropriately remain in detention centers long after court adjudication of their cases. Frequently, this occurs because of the unavailability of alternative community-based programs. In public education, many students do not find their learning challenged while others have disengaged from the educational process altogether. However, as Massachusetts strengthens and improves public schools, it should also avoid policies that will create a two-track educational system of public schools for the poor and private schools for the affluent.

To a significant extent, the way Massachusetts responds to the new federalism will determine the actual impact on the quality of family life. Because the state can exert some control over the direction public policies take toward children and families, Massachusetts should therefore take the initiative to influence them positively. Some recommended special emphasis on policies that strengthen the capacity of parents to nurture and care for their children. In fact, four basic propositions about the environmental and social conditions essential to human development could guide all of the state's policies:

1. In order to develop normally, a child needs enduring, spontaneous involvement of one or more adults in care and joint activity with the child.

2. The developmental impact of emotionally involved care and joint activity with a child is enhanced by the participation of adults of both sexes in the process.

3. The developmental potential of a setting depends on the extent to which third parties present in the setting support or undermine the activities of those actually engaged in interaction with the child.

4. The involvement of one or more adults in joint activity with the child requires public policies and practices that provide opportunity, status, resources, encouragement, example, stability, and above all, time, for parenthood, primarily by parents, but also by other adults in the child's environment, both within and outside the home.

To strengthen families, public policies should therefore strive for two objectives - departure from the "deficit model" of social services where prospective recipients must first prove the inadequacy of themselves and their families and creation of formal support systems that generate and fortify informal support systems which in turn reduce the need for formal systems. Families and friends, neighborhoods and communities represent some of the vital informal systems available. But they must be nurtured and reinforced to become and remain viable support systems for their members.

One important area where informal support systems can be built is the school. The grave possibility now exists that young people can graduate from high school or college without the gratifying experience of performing a service another depended on. They may never have held an infant . . . or cared for someone who needed help . . . or comforted someone old, ill, or lonely. This gap in human development could be filled by introducing a curriculum for caring in the schools, from the earliest grades on. The most salient feature of the curriculum would involve making actual opportunities for caring available to children and youth. Young people can learn how to care by taking responsibility for spending meaningful time with other human beings. Teenagers, for example, could be asked to help younger students get to school. This arrangement would have the advantage of engaging youth in actual caring activities and addressing the problem of school truancy.

Potentially, the workplace can be another critical source of support for families. However, when combined with family responsibilities, work demands can easily represent a major source of stress for working parents. They often have difficulty doing a good job in one realm without making sacrifices in the other. And too often the quality of family life suffers. One effective solution to the problem would require a radical departure from the prevailing pattern of employment for both men and women: replacing the typical 40-hour work week with a 30-hour week. A work pattern on three-quarters time would leave the remaining quarter free for family life. It would also reduce unemployment by opening up work opportunities for others in order to maintain productivity levels.

A work pattern of three-quarters time is only one of the far reaching changes essential to improving the quality of family life. The changes will of course require broad vision and hard-headed decisions by those in positions of power. They will also require direct knowledge of what it means to care for others and to shoulder the dual responsibilities of work and family. However, despite impressive movements by the women's movement, most influential positions are still held by men. And given prevailing child rearing practices, they have probably not had experiences of caring or close association with those needing care. By contrast, women are more likely to have had such experiences. But generally they do not occupy the influential positions where they could translate their knowledge into policy and practice.

Perhaps the most crucial family support of all is access to adequate income. The deleterious effects of poverty on children and their futures as adults are well known. For example, Elder[2] found that the Depression had adverse future consequences for those who were pre-schoolers at the time and whose families had suffered economic deprivation. Compared to age peers from non-deprived families, they tended to do less well in school. They also had less stable and successful work histories and more social and emotional difficulties. Because of their young age at the time, they seem to have been much more vulnerable to economic deprivation and environmental stress. Recent demographic trends that reflect the rise in poverty rates, especially among children and youth, reveal how access to adequate incomes remains limited for many families.

However, poor families with young children are not the only ones at risk. The data that documents the progressive fragmentation and isolation of the family, school and other child rearing settings suggest that the entire society may be in jeopardy. Some think that the disorganizing processes have taken on greater significance in light of two recent developments at the national level. First, the country has begun to disown family policies of long standing and to dismantle the programs they sustain. Only a cursory analysis of the consequences for the wellbeing of children and families seems to have been conducted. Second, the changes appear to have gained broad support from the general public. Public attitudes have fostered a sense of privatism and separatism that discards concern with the needs of others for preoccupation with the power of special interest groups. These forces could threaten to undermine the social contract America was founded on - a contract based on the principle of e pluribus unum.

The decade of the 1980s is therefore a time to reweave the unravelling social fabric by revitalizing the human bonds essential for strong families and the wellbeing of present and future generations.

Proposals

During the plenary session, proposals were made that:

1. **Massachusetts take the following steps to meet the challenge of the new federalism:**

   a) establish realistic priorities and optimally use all available resources.

   b) improve the programmatic and fiscal management of social services.

      Other states have already begun to move in this direction. For example, a five-state consortium (California, Michigan, Texas, West Virginia, and Pennsylvania) exchanges cost-saving methods and management techniques of proven efficacy and shares the information with other states.

   c) mobilize the private sector, bringing together business and industry, labor unions, universities, advocacy groups, places of worship, and news media, to provide new ideas and additional resources.

      Illinois, for example, has initiated intensive campaigns to find permanent families for foster children through places of worship. With the theme of "One church, one child", each church is encouraged to find an appropriate family among its parishoners for at least one foster child.

   d) greater use of volunteers in delivering services to children, youth and families.

      One prototype has ACTION volunteers from the Foster Grandparent and Retired Senior Volunteer Programs work with youngsters in Headstart Programs.

2. **AFDC benefits be annually adjusted for cost-of-living increases.**

   While many agree on the need for such adjustments, some feel strongly that increases can only occur within the fiscal ability of the state.

3. **Massachusetts not implement the Comprehensive Work and Training Program for AFDC recipients, as proposed at the time of the Conference.**

4. **Massachusetts establish a special committee to examine current practices surrounding care and protection petitions.**

5. **The Commonwealth give further consideration to the findings and recommendations contained in Delinquent Justice.**[3]

   Community-based services should be increased, improved beyond minimum standards, and rigorously monitored by the Department of Youth Services.

6. **Public schools develop curricula to challenge students' learning and devise ways to re-engage disaffected youth in the educational process.**

7. **Schools introduce a curriculum for caring to provide children and youth with opportunities to engage in human caring.**

8. **Employers establish a work pattern of three-quarters time to facilitate greater accessibility between working parents and their children.**

9. **Employers increase the number of qualified women who hold influential positions and can translate their knowledge about human needs into policy and practice.**

10. **Massachusetts ensure that all families with young children have access to minimum viable incomes.**

References

1. Since the Conference was held, the Comprehensive Work and Training Program has undergone substantial changes.

2. Elder, G. H., Jr.: Children of the great Depression. Chicago: University of Chicago Press, 1974.
   Elder, G. H., Jr.: Historical change in life patterns and personality. In P. Baltes & O. Brim (Eds.), Life-span development and behavior, Vol. II. New York: Academic Press, 1979.
   Elder, G. H., Jr. & Rockwell, R. C.: "The life-course approach and human development: An ecological perspective", International Journal of Behavioral Development, 1979, 2, 1-21.

3. Massachusetts Advocacy Center: Delinquent Justice: Juvenile Detention Practice in Massachusetts. Boston: Massachusetts Advocacy Center, 1980.

POLICY DILEMMAS FOR THE 1980'S

Keynote Address
by
Senator Mark O. Hatfield (R-Oregon)
Chairman, Senate Appropriations Committee
United States Senate

Today there is in Washington not only a new administration but a new philosophy of government and economics, at least new in the sense of most of our lifetime. And there are in my view certain problems that have not yet surfaced, at least into the attention of most people. I suggest today that there is a massive threat in America to the infrastructure of this nation. And, therefore, this cornerstone of the American society, the family, is suffering most directly and perhaps will have injuries of long lasting significance.

When I talk about this massive threat to the infrastructure, I really mean the concept of how we are appropriating our resources which reflect our priorities and oftentimes reflects our insensitivity. There is an imbalance that is being pursued so vigorously today by the federal government's policies that is actually stifling the housing of this nation and the housing needs, jobs and job opportunities, health care, the elderly support structures, educational opportunities, and many other important facets that comprise our infrastructure. And therefore, what you are doing here this weekend is vitally important - to build alternatives of hope and to challenge this dangerous imbalance in the utilization of our resources.

Let me put it into a philosophical concept. G. K. Chesterton in The Everlasting Man wrote this very poignant remark: "There comes an hour in the afternoon when the children get tired of pretending and playing cowboys and Indians and then they tease the cat." In other words, when imagination fails, when creativity fails, trouble begins. Further, in like manner, Chesterton notes that the adults of the world are "walking in their sleep, trying to wake themselves up with nightmares." That is to say, that when we grow stale, we have to jar and jab ourselves into consciousness and into action, and it appears that economic and apocalyptic nightmares are being depended upon to jar us back to our wakefulness. The truths of the morning as a culture and as a nation are being found inadequate or insufficiently remembered for the afternoon challenges and anxieties.

And, therefore, it is a time - this is one of those hinge events and hinge periods of history - to re-envision our goals as a society, and we must ask ourselves a very simple question: are we sufficient for our time? Are we sufficient as individuals and as a community of people to nurture our marriages and our friendships, the institutions and the neighborhoods, our country, and even the world? How can we guarantee a new freshness as individuals and as a nation is a very legitimate question that I ask rhetorically. What are we proposing in this conference and other conferences like it? What are we proposing in our homes, in our schools, in our places of worship, in our work, to truly live an integrated life? In the words of the director of the prophetic musical Chorus Line: "what are we going to

do when the dancing stops", or in another way to put it, when our youth stops? Now that the inspiration of the youthful morning is past, what is the glue that is holding our society together today? There is a philosophical concept that I would like to create as my framework.

I believe that the segment of our life as a nation to which I can speak most forcefully perhaps is our political structure and its impact upon us in these questions and this agenda. I wonder if there is a sufficient spiritual and moral capital in our administration, in our Congress, in our judiciary, in our states, in our local jurisdictions to lead us in the afternoon. Or we can take the words of Otto Von Bismarck as cynical words when he said, "those who would retain their respect for law and sausage should never see either being made." But, let me say to you, I do not believe you have to be in the cynic class to get discouraged on occasion.

And let me confess to you today, as one giant confessional, the last two weeks in Washington have been very depressing for me. One morning we sat down in the appropriations process and we found that we had to reduce the programs that involved maternal care, mental health, aid to dependent children, and other of these vital programs by a total of $300 million. We had already reduced that budget by $1.8 billion. I walked over to the floor in the afternoon, to manage another appropriation bill that is called Energy and Water Resources, but unfamiliar to most people, the nuclear weapons system is in that budget. That budget has been increased from last year's level of spending by an excess of $1 billion. Senator Tower of Texas felt that was insufficient, and offered an amendment from the floor to add $309 million more, and that amendment passed 49 to 43. What we had cut in the morning from the service and support structures, the cornerstone of our republic, we added back to the horrendous record military budget developing greater capability to destroy life and even maybe the universe.

And so this is what I talk about when I speak to the subject of balance, that the infrastructure of this nation is as vital to our national security as it is the hardware that constitutes our arsenal. And without it, we are vulnerable. Without it, no matter how big the bombs we build or how many we may create, they cannot save us for we fall into the trap of the Maginot Line mentality and experience of the Shah of Iran, who felt his security, his political security, was vested solely in the sophistication of his hardware. And therefore, we are in a transition period.

I think there is a growing sense across the land that the goal of radical change in the political institutions of 1980 is to remove government involvement in the building of a better society. Somehow that has become the cliche: "get government off our backs". But let me say that as much as government is guilty of overcentralization of political power, you cannot swing the pendulum to the other extreme to say that government has no concern or interest in the well-being of the people of this nation. And it is doubtful, however, that we can in so doing, that is in moving this pendulum so far, maintain the municipal services at a level that increases the quality of life or the state agencies or the federal agencies, and at the same time give the people a sense of solidarity with their society. You cannot separate them. Professor Lester Thurow from M.I.T. said it very well when he said,

"...societies do not work well unless there is a feeling of mutual obligation and willingness to sacrifice for the common good. Sole reliance on self-interest works in some areas of human activity, but not all. Regardless of how many weapons are purchased, national defense cannot be achieved unless people are willing to make sacrifices to the welfare of others and regardless of how privately wealthy we are, a good life cannot be had in the midst of social disintegration."

I think there is a perception that is growing in this country that the administration is forgetting that government does play an important role in creating a sense of mutual obligation, respect and social cohesion. I say perception because I believe that there is a desire on the part of our President to take the empowering role seriously, whether or not it is liked by all or even linked directly with grants and appropriations. The President has established a Task Force on Private Initiatives for promotion of volunteerism. But even granting the benefit of doubt regarding the spirit of the present economic political philosphy, I want to say as loudly and as clearly as I can: our society today is endangered because our priorities and resources are being systematically misappropriated out of balance with the total needs of the nation.

Constituents around the country that I visit with in small towns, cities, and family farms, are alert to the irresponsibility of cutting human services so that more nuclear weapons can be built. We are rushing in the direction of suicidal design. In order to develop more defensive, first-strike weapons, the age old conundrum of balance of power, a national security my friends, there is not security. I perceive it as a policy of taking, cutting from the truly needy and giving to the truly greedy. And you know the paradox. The paradox that we live in is that we all have given lip service to life supporting legislation but we are actually appropriating more to life destroying structures and capability.

Life sustaining programs are being cut, life obliterating programs are being increased. Do you realize that this Congress has made a commitment to spend one trillion, six hundred billion dollars of your tax money for defense purposes in the military in the next five year period? Can you get a handle on that? I cannot. We say to the world with out lips that we want peace and justice, but no matter how much we talk, the genuinely and I think clearly perceived advertising that goes out of the United States belies the true shape of our spending priorities. It is as if we were erecting a monstrous giant billboard, telling the truth about our intentions when we propose sending a $4 billion arms package to the country of Pakistan which has yet to develop even an infrastructure of government and even a substantial agricultural base to feed its own people, and we say we are going to build a viable buffer state to the Soviet Union out of this kind of poverty and illiteracy of a people that have not food enough to eat.

I want to be abudantly clear about what we have to work with in the Congress, so that there is no false expectation from you or others as we are being charged to balance the budget and to continue this charade. The federal budget is $707 billion in outlays as proposed for 1982. Out of that total budget, 78% of it is in what we call entitlement programs, revenue sharing, social security, retirement, guaranteed student loan funds, medicare,

food stamps, etcetera, etcetera, etcetera. The only way you can impact upon that is to change the law. 22% of the federal budget is what we appropriate year after year with some kind of a manipulation ability to make assessments in priorities. Of the 22% that the Appropriations Committee - and I am always amused when people like my good friend Armand Nicholi say, "and he is Chairman of the most powerful committee in the Senate, the Appropriations Committee" - well, if I gave you a one-word response to that I would have to say, along with the agricultural community: hogwash. 22% of the total budget is what we have in annual ability to affect. And of that 22%, 17% of it is defense money, making 5% of the total budget in the non-defense programs of housing, transportation, education, health, that are not entitlements.

Now my friends, in the recision package proposed by the Reagan Administration, we cut $14 billion out of the last part of Mr. Carter's budget, that is our fiscal year is October first to October first, and last spring we cut $14 billion out of fiscal 1981, turned right around and let the Defense Department suck up an $11 billion add-on in that same recision package. Then in the reconciliation resolution we cut another $25 billion, not one penny from the Defense, and both of those reductions $14 billion, $25 billion came from that 4% diminishing base. And then in the September request we were asked to cut another $9 billion. Again this time though it was $10 billion, $2 billion of that opened the door in terms of reducing the military by $2 billion, but $8.4 billion was to come from this same narrow base. It was at that point, of course, at which I had to make clear that I am still part of the majority, happy to be a part of the majority - do not doubt my enthusiasm for being a part of the majority. But at the same time that I have to act like part of the majority, I also have convictions and conscience I have to stand by and give my first priority, over my party status and my majority status. And it was at that point where I had to say to the President, I have bad news in that it will not fly, we will not cut another $8.4 billion from this diminishing 5% base of the budget, it will have to be found elsewhere. It will have to be found in the military. In this same period of time in which you and I are meeting today, we cut from the March request and from the September request, another $6 billion from that 5% base. Yesterday, the Defense Subcommittee of my Appropriations Committee came with a proposal for FY '82 of $8 billion more than the President asked for. That is why I have chosen this subject even before that additional evidence.

These are the actions that are going to impact upon children, the family, housing, education, health, the infrastructure of this nation, for years to come. Lest you think this is but a personal opinion from one who is known to be a liberal Republican, let me quote from the high apostle of Republican conservatism, in my view, one of the greatest Senators of all time, one of the greatest intellects ever to sit in the Senate, one of the men chosen by a Senate committee headed by the late Senator John F. Kennedy to be honored in the Senate reception room as one of five Senators portrayed in the Capitol, the late Senator Robert A. Taft of Ohio. This is what he said, in 1951, my friends, thirty years ago: "No nation can be constantly prepared to undertake a full-scale war at any moment and still hope to maintain any of the other purposes in which people are interested and for which nations are founded. In short, there is a definite limit to what a government can spend in time of peace and still maintain a free economy, without inflation and with at least some elements of progress in standards of living and in education, welfare,

housing, health, and other activities in which people are vitally interested. In my opinion," said Senator Taft thirty years ago, "we are completely able to defend the United States itself. The one great danger we face is that we may overcommit ourselves in this battle against Russia. Let me say that no one is more determined to resist the Communist aggression in the world than I am, but we cannot afford to destroy at home the very liberty which we must sell to the rest of the world as basis for progress and happiness. In short, a war against Communism in the world must finally be won in the minds of men." Thirty years ago Senator Taft saw.

Let me say what we are facing today is not something that happened since the election last November. This has been accelerated activity ever since President Dwight Eisenhower left the White House. His successors, one by one, have moved us into this arms race and escalation. Remember his speech about the military industrial complex and warning this nation about it, and he was a five-star general. Today let me say if you remember nothing else that I mention, it is my view, and I have to be as blunt and honest as I can, there is no question that if we continue this present trend in America we will be Sovietizing our economy and Sovietizing our society from within, because new business enterprises and social projects are being stifled. Both venture and philanthropic capital are being shut off and diminished. With resources and strategic materials shortages factored into this whole observation as well, unprecedented military spending will probably make it impossible for our consumer society to ever bounce back to its previous peaks and valleys. And I am saying to the people of my state, if you think we are going back to the good old days of timber production as a timber oriented economy for home-building in this America, you are sadly mistaken. We had better start re-tooling now for the future economic character of our state of Oregon, as should the state of Michigan and Indiana, as it relates to the automotive industry and any other state that has that kind of monoculture. We are rapidly becoming like our adversary in limiting the possibilities of citizens so that the war machine can rumble on, unobstructed, with its voracious appetite vacuuming up every kind of resource in its way.

Always, in the history of our government, we have sought to spend federal dollars in ways that leverage private capital, private capital formation, jobs and thriving communities. But contrary to public opinion, defense spending actually generates unemployment. It has the least multiplier impact on our economy of any dollar we spend. Do you know that what has the highest multiplier impact in our economy is a dollar spent in preventive medicine and health? As a believer in the free enterprise system, let me remind you that military spending is capital intensive, not labor intensive. It is research oriented, not job oriented. Every $1 billion that we spend on the MX missile program will hire 17,000 people, while the same $1 billion could hire 48,000 hospital workers or 65,000 people in the building trades, or 72,000 teachers, police officers and fire fighters. The average loss in the state of Massachusetts in 1977 and 1978 was nearly 40,000 jobs, because of military defense investments, not increases.

Figures also reveal the stark contrast between what we are adding in the defense and what we are cutting in domestic programs:

-The army's patriot missile had a cost overrun last year over and above inflation rate of 53%. That $285 million was almost the same equivalent as the cuts proposed by the administration in the women's, infants and children programs. And those cuts, if finally approved, will mean 70,000 fewer pregnant women and children can participate in the nutrition program.

-The cost overrun in the M1 tank of nearly $757 million over and above inflation rate in one year is equal to the amount that we have cut from our energy conservation program.

-Yet another example: the $607 million cost overrun in the F-18 fighter for one year was equal to what we cut from the aid to dependent children support program. If that 43% could be avoided, some 400,000 poor families, 93% of whom are women and children, would be spared the total elimination of their welfare benefits.

During the fall budget period, budget cutting work, the totalitarian nature and the usurpation of resources became very clear to me, because of the fact that what we have reduced in these programs we have added to the others. General Eisenhower said, "There comes a time when every gun that is made, every bomb that is built signifies a theft from those who hunger are not fed, and cold and not clothed." Far from strengthening our national security, it will actually weaken our national security - and that is the threat we face today. How many guns do you think the Polish laborers and the Polish farmers control and have in their possession today? That is the spirit, that is the strength of the people - demonstrated, as it was demonstrated at this little bridge not far from here in 1776. Oh, we put so much trust in our weaponry, which is as old a philosophy as that embraced by the ancient monarchs and kings. Remember those words, "They came three thousand miles and died to keep the past upon the throne, unheard beyond the ocean tide their English mother made her moan." The past upon the throne, and that is what we are dealing with today is the past, the kind of philosophies from which our forefathers escaped Europe. What do we do?

I am encouraged, in spite of what I have said. You have been an inspiration to me. The fact that you care, that you are concerned, that you are a people that really make up the power of this nation, along with many like you, is what is encouraging. That is why it is good to get out of Washington. Let me give you an example of what I mean. Through the efforts of Eunice and Sargent Shriver at the Kennedy Foundation, and the Institute of Bioethics, I have had the privilege of seeing a book that is being edited and will be published very shortly, which powerfully communicates the need for us to set aside our vague abstractions and to begin developing a caring community of people, for pregnant teenagers, for adolescent parents, for families struggling with the pressures and mores of our age.

One of the suggestions emerging from this effort is the compelling idea of an ethical budget that considers human needs first. Rather than basing our spending upon fears and false perceptions of nightmarish enemies, the vision would be to build an alternative budget that would put first health and education, and the building of supportive networks, neighborhoods and communities here and around the world. In this manner we could begin to

become the masters of our technology for we would be elevating the quality of the human spirit. Rather than having our spirits drained because of the fact that technology is increasingly mastering us, ethicists would emerge as being central to the process, rather than being co-opted by a diabolical war machine. The value of human life would revolve around the call at creation, to "have dominion" over the natural order by being faithful to our stewardship responsibilities.

I believe that separation of the Spirit from our deliberations about the world and society accounts in large measure for the inability of the modern secular mind to comprehend the nature of the challenge before us. We are not talking basically about an economic problem or a political problem or a social problem; we are basically talking about a spiritual question. It is an ethical question, it is a moral situation. So what do we propose to recapture the empowering, vigorous vision to which I speak? What is the plus side, what is the positive side? What did we have in the creative imaginative A.M. of our life as a nation that can undergird us for the P.M. of our life? How can we transform our present nightmares into inspiring dreams?

Listen to the prophet Joel, "And it shall come to pass that I will pour out my spirit on all flesh and your sons and daughters shall prophesy, your old men shall dream dreams, and your young men shall see visions."

-I dream and hold ever before me as my only hope - biblically inspired houses of worship across the religious diversity of our people that participate in both vibrant outreach and social justice, a spiritual renaissance if you please.

-I dream of closer communities and neighborhoods of brothers and sisters who care deeply and who share joys and sorrows and meet physical, emotional and spiritual needs, because they are willing to involve themselves.

-I dream of groups of committed people that live more simply in order that others may simply live, replacing the throwaway ethic with the conservation ethic, in the monitoring and stewardship of our resources.

-I dream of a new movement of those who demand justice for the poor and the sick and the imprisoned and the dispossessed, the beginning with a self involvement and not the agency relationship of putting our money merely to the collection plate or to the tax collector in order to avoid that personal involvement!

-I dream of a growing consensus of people faithful to marriage and responsible sexuality.

-I dream of a political movement that transcends party lines and moves all of us toward prolife concerns in the broadest sense which results in nuclear disarmament, returning the resources to the community to utilize them for life.

-I dream of putting aside the false premises of our military madness and embracing the ideology once more that will truly inspire freedom seekers around the world, remembering the words of John Adams who said, "the American Revolution was not the war of 1776 but it began in the hearts and minds of the citizens when they covenanted one with another to a new set of principles and ideals and dreams."

-I dream of a solid unswerving commitment to that vision which will bring, by God's grace, hope for our children and our children's children and meet the enemies one by one beginning with the drug culture and other problems that destroy our offspring and our society.

There is, I think sometimes, a deep resignation in our country today that nothing will work ... hopeless ... what can turn things around? You remember in Rosencrantz and Guildenstern Are Dead, the modern rendition of Hamlet, after all the killing is over and in the last scene, Rosencrantz says to Guildenstern, "there must have been a time somewhere near the beginning when we could have said no". I believe it is still early enough in the day to stop teasing the cat and say no - to our misapplication, misappropriations of resources, and to say yes with imagination and creativity. You here could be that second shot that was fired and heard around the nation.

Massachusetts Conference on Children, & Youth Families

FORUMS

HEALTH PROMOTION AND DISEASE PREVENTION: SPECIAL ISSUES FOR CHILDREN, YOUTH, AND FAMILIES*

During the last decade, the United States and the Commonwealth have achieved significant progress in improving the health status of children. Nationally, for example, the infant mortality rate decreased from 20.0 to 12.3 deaths/1,000 live births. Paralleling this trend, the Massachusetts rate declined to 10.8 deaths/1,000 live births from 16.9. Nutritional disorders of childhood have virtually disappeared, while aggressive immunization programs have brought the major childhood infectious diseases under control. Smallpox has been eradicated; measles are on the verge of being eliminated. Health status improvements have also extended to adults with the rise in average longevity to seventy-four years of age.

Much of the recent progress is attributable to improved health care access, especially for society's neediest members. Health programs targeted to low-income populations - such as Medicaid, EPSDT, Head Start, community health centers, migrant worker health programs, National Health Service Corps, and others - have contributed significantly to this growing accessibility. With the establishment of community mental health centers, access to child mental services has greatly increased. Additionally, increased funding for programs serving developmentally disabled persons has also begun to improve their access to needed services.

Greater access to health care has been largely made possible by the existence of a national commitment to the health and wellbeing of future generations. Federal maternal and child health programs, for example, were won only after extended political struggles engendered by prior state failures to address the problem at local levels due to lack of political will or financial resources. Until recently, the nation's willingness to invest in the health status of children reflected concern with child health

*The forum panelists included: Joel Alpert, M.D. - Professor and Chairman, Department of Pediatrics, Boston University School of Medicine, and Chief Pediatrician, Boston City Hospital; Donald Berwick, M.D. - Director of Quality Assurance and Acting Director of Research, Harvard Community Health Plan, and Assistant Professor of Pediatrics, Harvard Medical School; Leon Eisenberg, M.D. - Professor and Chairman, Department of Social Medicine and Health Policy, Harvard Medical School; Bernard Guyer, M.D. - Director, Division of Family Health Services, Massachusetts Department of Public Health; Julius Richmond, M.D. - Professor of Health Policy, Harvard Medical School, and former U.S. Surgeon General and Assistant Secretary for Health; and Eleanor Shore, M.D., M.P.H. - Associate Dean for Faculty Affairs, Harvard Medical School, and Assistant to the President of Harvard University for Health Affairs.

as a national priority. Now, however, and for the foreseeable future, federal involvement in health promotion and disease prevention will be characterized by substantial funding reductions that reflect a smaller investment and political shifts of responsibility that evidence a lower commitment.

Several recent events at the national level illustrate the changing nature of federal responsibility for child health. At the last meeting of the World Health Assembly, the United States cast the single vote against the infant formula code adopted by the Assembly. The Administration believed that insufficient scientific studies documented the effects of marketing procedures on infant feeding practices. However, health professionals viewed the dissenting vote as an attempt to convert a matter of values into scientific study.

The school lunch controversy provides another example of the current policy trend. The U.S. Department of Agriculture proposed changing federal school lunch program requirements from one-third to under one-fourth of a child's required daily allowance (RDA) of essential nutrients. The proposal also called for less than one-fifth of RDAs for iron and total calories. A food substitution process would have permitted counting pickles and relish as vegetables; cakes, cookies, and donuts as bread; and lunches without meat or meat substitute as meals. Although the proposed regulations were eventually withdrawn, they convey a diminished sense of federal responsibility and portend further plans for nutrition program cuts.

The new federal policy context manifests most strikingly in the block grant conversion of formerly categorical health programs. Accompanied by drastically reduced funding levels and assuming the states will enthusiastically take over responsibility, block grants are designed to resolve the problems inherent in piece-meal programs with different mandates, regulations, eligibility criteria, and administering agencies. However, the Commonwealth could have addressed the issues of fragmentation, inconsistency, duplication, and service gaps prior to, and without, the block grants had the state taken the necessary steps. The block grant approach therefore offers no panacea unless Massachusetts makes a concerted effort to integrate health programs and optimally use all available resources.

The implications of the new federal policy context for child and family health include growing uncertainty about preserving, let alone expanding, recent improvements in child health. The present health status of children does not represent an unassailable peak the nation and state cannot lose if they act unwisely. In the absence of a national health policy, the health of the Bay State's children, youth and families may become vulnerable. Therefore, the goal for Massachusetts in the 1980s should be to sustain the momentum of the health progress achieved.

To move in this direction, the Commonwealth's child health activities should be guided by three fundamental objectives: (1) preserving the present health status of children, (2) extending the progress to others who have not yet attained prevailing levels of general health, and (3) addressing more basic, less tractable health problems. Because recent child health improvements have illustrated the effectiveness of early prevention, strategies to attain these objectives should essentially rely on appropriate

preventive measures. As discussed below, each objective includes a range of special child health issues requiring statewide attention.

Preserving the present health status of children. Because continued child health improvements are not a certainty, Massachusetts cannot take for granted the recent progress made. The fragile nature of the advances, particularly in maternal and child health, will be seriously endangered unless the Commonwealth remains vigilant in protecting the health of the Bay State's children - before the first child dies of lead poisoning, the third case of measles encephalopathy develops, or the infant mortality rate rises. Two of the child health issues that require urgent attention are prevention of infectious diseases and reduction of dental diseases.

Childhood immunizations are essential to preventing infectious diseases, as evidenced by the enormous strides made in eliminating mumps, measles, and rubella. Massachusetts has a highly enviable record in this area with a strong immunization requirement for school attendance and over 98.1% of the state's children having all their major immunizations. Preserving this achievement will require a continued, unwavering commitment to maintaining a virtually universal immunization level. The Commonwealth simply cannot afford the human and financial costs of not doing so. Additionally, more attention should now also be directed to the problem of sexually transmitted diseases.

Dental caries are the leading cause of childhood morbidity. Currently available data illustrate the extent of the potential for dental disease among Massachusetts children. By age twelve, the average Boston child has five decayed, missing or filled teeth. By age eleven, ninety-five percent of all children have dental caries. Estimates suggest that optimal-level fluoridation of drinking water can prevent 65% of decay that would otherwise occur. In fact, it is a preventive health measure of proven efficacy. For example, a comparison of two Department of Public Health dental health surveys (a 1951 pre-fluoridation Massachusetts survey and a 1980 post-fluoridation Boston survey) dramatically reveals a 40% to 50% decline in dental caries at all age levels. However, although fluoridation offers the single most effective public health measure available outside of immunizations, only 50% of the Bay State's cities and towns fluoridate their water supplies.

Extending child health progress to others. Several striking demographic trends document the importance of extending the child health progress to populations where levels of health characterizing the more affluent have not yet been attained. For example, a substantial difference still exists in the Bay State's infant mortality rates for whites and nonwhites - 10.4 vs. 16.0 deaths/1,000 live births. This intolerable differential has a geographic counterpart. In 1975, the infant mortality rate in Massachusetts was 12.0 deaths. But a detailed area analysis showed that several geographic areas (parts of Boston, Brockton, Taunton, and New Bedford) had an average rate of 25.7 compared to a rate of 8.8 for wealthy Boston suburbs (Newton, Wellesley, Concord, Framingham, Winchester, and Brookline). The data depict an infant mortality rate for poor areas that is almost three times greater than the rate for affluent sections of the state.

Data from the target area served by Boston City Hospital also substantiate the need for expanding maternal and child health improvements to low-

income populations. The 1978-1979 accident rate was 109 per 100,000 compared to the national rate of 90. The birth rate to teenagers was 244/1000 live births while the national rate was 115/1000 live births. Low birth weight incidence was 29% compared to 14% nationally. Admissions to the Hospital's normal nursery declined by 10% while the number of newborns admitted to the intensive care nursery rose by 10%. Other data compiled by the Hospital reveal the problem of alcoholism among young people. Boston City found that 30% of young persons had at least two drinks per day; 50% had had five drinks on at least one occasion in the previous month; and 10% had at least four drinks each day.

Infants comprise one very special population for whom health progress should be expanded. Although the infant mortality rate in Massachusetts has substantially declined, possibilities for additional improvement exist, especially among low birth weight (LBW) infants. In 1979, LBW babies represented only 6.1% of all Massachusetts births. Yet, they accounted for 78.9% of all neonatal deaths. At a time when the overall statewide neonatal death rate was 8.0 deaths/1000 live births, the rate was 1.6 among infants weighing over 2500 grams and 104 among infants weighing under 2500 grams - a sixty-fold difference.

Of all environmental toxic agents, smoking during pregnancy has the greatest impact on birthweight. Study after study has documented that this habit reduces birthweight. For example, the Collaborative Perinatal Study found that one pack a day reduces infant weight by more than eight ounces (280 grams). Two packs a day result in a weight reduction of almost one pound. Increases in neonatal mortality parallel this pattern, growing by a factor of four for two-pack-a-day smokers.

A substantial body of evidence documents that good prenatal care and nutrition, as well as quality obstetrical care, can make a difference in lowering infant mortality rates. For example, the Massachusetts WIC program has contributed to greatly improved prenatal nutrition among program participants. A recent study found that although WIC participants gave birth to over 10% of the state's newborns, they had fewer low birth weight babies and less infant mortality.

Achieving any significant improvements in future birth outcomes, especially infant mortality and fetal death decreases, will also require more knowledge about miscarriages. Additional research in this area may lead to a better understanding of the optimal prenatal environment and subsequent neonatal outcome. Improvements in infant mortality and morbidity will increase the number of viable births, improve the health of infants, and reduce the costs to the Commonwealth by preventing mobidity rather than treating its sequelae.

Youth between the ages of fifteen and twenty-four are another population that has not yet been reached by recent child health improvements. As the only age group showing increased mortality over the last twenty years, nationally their mortality rate grew from 106 deaths/100,000 in 1960 to 117 in 1977. Paralleling this trend, the Massachusetts rate rose from 65.5/100,000 in 1960 to 72.8 in 1979 - an increase of 11.1%.

Increased injury and violence, rather than biologically derived illnesses, have accounted for much of the increase in adolescent mortality. In fact, motor vehicle accidents, other accidental injuries, homicides, and suicides represent the four leading causes of adolescent death in both the nation and the state. Motor vehicle accidents alone account for 54%.

Adolescents also face serious health problems from venereal diseases, pregnancies, alcohol and drug abuse, and mental illness. They frequently have multiple health problems. And for many, economic and social circumstances further compound their health problems.

Despite their bleak health care picture, adolescents have not received sufficient and coordinated attention from state human service agencies. The fragmented approach to their problems is reflected by the existence of numerous state agencies - Public Health, Mental Health, Social Services, Education, Public Safety, Youth Services, Public Welfare, and Employment Security - each having programs that deal with teenagers but remaining virtually unconnected to each other. Given the hesitancy of teenagers to seek help, the multi-problem nature of their needs, and the lack of personnel trained in the speial health care needs of youth, the vast array of fragmented resources precludes the concerted approach and effort essential to providing adequate adolescent health care.

Addressing other child health problems. As the state's ability to maintain and expand child health progress increases, Massachusetts should begin to grapple with problems created by the changing reality of the state's economic and social milieu - for example, youth unemployment and toxic hazards. Additionally, the Commonwealth should continue to address successively more basic, less tractable health problems. These include childhood accidents, child neglect and abuse, developmental and other disabilities, and positive health habits.

Accidental injuries are the major cause of childhood mortality in the United States and the Commonwealth. Injury-related deaths accounted for 54% of all deaths among children and youth between the ages of one and twenty. Sixty-nine percent of these deaths resulted from automobile accidents. Injuries also represent a major source of childhood morbidity. In fact, treatment of injuries constitutes about 15% of all childhood hospital utilization, most frequently for fractures and intercranial injuries.

Injuries, however, are not simply random events, totally unavoidable as the term "accident" implies. Contrary to popular belief, injuries do have regular epidemiologic properties. For example, the introduction of child-proof caps reduced childhood aspirin poisoning by 80%. Unfortunately not all childhood injuries are accidental. Children injured by adults represent perhaps as many as 20% of all childhood injuries that require hospitalization.

The Statewide Childhood Injury Prevention Project (SCIPP) represents a conscious effort by state health officials to address the leading cause of childhood mortality. Funded by a federal grant from the Bureau of Community Health Services as a demonstration project, it is designed to reduce accidental childhood injuries by examining the efficacy of a coordinated multi-agency approach. SCIPP involves thirteen Massachusetts communities and the cooperation of numerous public and private agencies. Focusing on burns,

poisonings, pediatric counseling, and home safety inspections, the project has an elaborate epidemiologic surveillance system to monitor program progress. SCIPP will also highlight the nature of childhood injuries in homes, emergency rooms, and hospitals.

Historically, local and state governments have assumed responsibility for meeting the needs of developmentally disabled citizens - needs that persist even in times of fiscal restraint. Programs established in the last fifteen years strive to maximize the potential development of disabled citizens, incorporate them into the larger society, and improve the quality of life for them and their families. Current trends focus on using the functional capacity of children and enabling them to remain with their families and attend public schools. Steps are being taken for more dynamic integration of the health care system with education, as well as integrating services with secondary and tertiary health institutions.

The Commonwealth has been in the forefront of fulfilling this long-standing responsibility. In fact, Chapter 766, the state's special education statute, provides a progressive national model of integrating the health and education needs of developmentally disabled citizens. Several loosely coordinated state and local agencies operate a piecemeal program where children can fall between the cracks and fail to receive needed services.

To prevent such fragmentation and promote early intervention, the perinatal follow-up tracking system, developed by the Division of Family Health Services in the Department of Public Health, strives to link all families with high-risk infants to service programs at the earliest possible date. Hopefully, the access to early intervention programs, coupled with a strong Chapter 766 program, will result in healthier Massachusetts citizens. But the Commonwealth should recognize that this progress does not come without cost. The provision of quality care and education can be expensive. However, the price of not providing them will be incalculable. Massachusetts should therefore resist calls for abandoning or scaling back Chapter 766.

The development of positive health habits among children and youth can represent preventive health at its best. Many common health problems, such as drinking, lack of exercise, obesity, and cigarette smoking, originate in health behaviors and habits learned in childhood. Since habits established during childhood form the basis for most adult, chronic health behavior, increased efforts to modify early health behaviors will prove invaluable. Nutrition education programs, for example, will pay for themselves many times over in subsequent improved health. Children and youth who learn how to make exercise a part of their own health habits will achieve sounder levels of both physical and mental health.

Although the state's present investment in preventive health efforts is small, some creative programs do exist. A promising smoking prevention-intervention project, conducted by the Department of Public Health Division of Preventive Medicine, recognizes that peer pressure, not lack of information on smoking's physical harm, seems to influence the initiation of smoking. Once smoking becomes a habit, quiting becomes difficult. Through the program, adolescents learn coping strategies to deal with social situations where peers exert pressure to smoke.

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The new federalism challenges Massachusetts to maintain and expand recent child health improvements at a time of shrinking public resources. To date, the Commonwealth's response has entailed state health services declining in proportion to federal funding reductions. Additionally, the state's fiscal year 1982 budget for child and family health services decreased significantly. Within the Department of Public Health, the Divisions of Family Health Services, Lead Paint, Immunization and Communicable Diseases, and Preventive Medicine sustained sizeable program reductions and personnel losses. Not counting inflation, budget appropriations dropped by a real 10%.

As suggested by the Massachusetts experience, the return of responsibility for child and family health to state control can prove either a progressive or retrogressive phenomenon. The nature of future health promotion and disease prevention efforts will depend largely on how the states assume their new responsibilities - whether they accept reduced funding levels or adhere to a set of inviolable principles for promoting the health of future citizens and fulfillment of each child's growth and developmental potentialities.

The first option - accepting decreased resource levels - will necessitate difficult, if not painful, decisions. Ethically, the choices move beyond determining whether to continue or discontinue programs and maintain or reduce levels of service. Rather, equally pressing child and family health priorities will compete with each other for fewer available funds. Some of the "choices" the state may face include: Will the Commonwealth strive to prevent child abuse or substance abuse or lead poisoning? Will the state help families cope with the anguish of sudden infant death syndrome or promote the health and wellbeing of at-risk, vulnerable infants, children and youth? Will Massachusetts try to increase the likelihood of bearing normal infants or to decrease infant mortality rates?

In making these decisions, Massachusetts may decide to discontinue "luxuries" - programs of a preventive or ameliorative nature with invisible or temporary effects. Their value however cannot be discounted. Health care that prevents problems from occurring, temporarily alleviates pain and suffering, or ameliorates problems before their human, social, and financial costs become intolerable, does make a difference in the health and wellbeing of children. Sometimes, the outcomes are temporary; sometimes, they are permanent. Some results are seen immediately; others become visible in the future. But that does not diminish the importance of preventive or ameliorative health care.

Eliminating it would be equivalent to not feeding infants because feeding them now does not protect them against starvation later as adults. Or it would be equivalent to withholding treatment for pneumonia because curing persons today does not guarantee that their lungs will not become inflammed in the future. If the state does move in this direction, the Commonwealth may essentially decide <u>when</u> health care becomes available. Rather than having access when problems can be prevented or ameliorated, children and families may gain access only when problems can be treated in the traditional biomedical model.

Some advocate further funding reductions. They maintain that the availability of publicly-financed health services has undermined family responsi-

bilities for children and youth. Prior to the creation of these programs, families themselves provided the needed health services. For example, they counseled their pregnant women. They comforted parents whose child died from sudden infant death syndrome. And they helped prevent their members from committing suicide. Indeed, the need for the continued existence of maternal and child health programs testifies to their failure. Fewer services will therefore strengthen and support, rather than substitute for, families in meeting the health care needs of their members.

However, the fact remains that the general health of the Bay State's children and youth has never been better. Massachusetts' rich tradition of increased health care access to promote optimum health has made the improvements possible. Selection of the second option - establishing and adhering to a set of principles for child and family health - would provide a solid foundation for continuing the progress achieved.

As a first step in this direction, the state's executive and legislative leadership should make the former health priorities of the nation those of the Commonwealth. Together with the principles of health promotion and disease prevention, these priorities could be used to shape and guide the state's policy and fiscal planning. Most importantly, they could ensure that the budget process does not supplant health planning that is based on the actual health needs of children, youth and families.

Regardless of the option chosen, any Massachusetts effort to preserve child health progress should also include several basic administrative improvements. Such improvements should focus on coordination, integration, and monitoring of public and private health resources to ensure their most effective utilization, distribution, and accessibility. Optimal use of state resources to achieve improved child health outcomes will also require active cooperation among the numerous state agencies involved. While their ranks include the Departments of Public Health, Mental Health, Public Welfare, Education and Public Safety, no senior level interagency task force even exists for starting work on the level of coordination and integration needed.

Additionally, the monitoring capacity of the Department of Public Health should be strengthened and maintained. During a time of fiscal restraint, the Department can play an especially crucial role in monitoring the changing health status of children. It can also bring accurate information to the attention of the public and ensure compliance of public and private health care providers with standards for quality and ultimately cost-effective health care.

In fulfilling the state's commitment to strengthen families for the sake of their children and youth, Massachusetts accepts a grave responsibility and faces a compelling challenge: the maintenance and expansion of recent child health improvements in a time of fiscal restraint. Difficult decisions lie ahead. But they can only be made with full knowledge of their consequences for the Commonwealth's families. Future decisions on state health policies and budgets should therefore only be made on the basis of the criterion that they will safeguard the health of Massachusetts children and youth.

Proposals

To preserve and further improve the health of Massachusetts children, youth and families, Conference participants proposed that:

1. **the Commonwealth maintain recent child health progress by continuing its strong commitment to immunization and fluoridation programs, - basic programs of tried and proven efficacy.**

   Massachusetts should ensure that a virtually universal immunization level is maintained and all cities and towns have either fluoridated water supplies or fluoride mouthrinse programs in the schools.

2. **Massachusetts further reduce infant mortality by**

   a. **targeting resources and efforts at population groups and geographic areas with high infant mortality rates;**

   b. **preventing low birth weight infants;**

   c. **ensuring the availability of good prenatal care and nutrition and quality obstetrical care;**

   d. **conducting systematic anti-smoking campaigns during pregnancies; and**

   e. **encouraging further research about miscarriages.**

3. **Massachusetts adequately address the problem of child abuse and neglect by**

   a. **allocating sufficient funds to the Department of Social Services to enable the agency to fulfill its mandate; and**

   b. **directing additional resources to the prevention of abuse and neglect, not simply to costly after-the-fact treatment.**

4. **the Commonwealth increase concerted efforts to reduce childhood accidental injuries by**

   a. **ensuring continuation of the Statewide Childhood Injury Prevention Project, upon termination of federal demonstration-project funding;**

   b. **expanding the Project to serve all areas of the state; and**

   c. **establishing a permanent Injury Prevention Unit within the Department of Public Health.**

5. **Massachusetts prevent abandonment or dilution of Chapter 766 and develop a comprehensive and coordinated system of care and treatment for the state's developmentally disabled citizens.**

Such a system should include (a) integrated services or teams bringing together medical, psychiatric, psychological, social work, educational and other services, and (b) family supports (including income supports) that enable families to cope with the problems they are facing. Additionally, the system should involve an adequate and equitable distribution of services across the state.

6. **Massachusetts strengthen efforts to develop positive, preventive health habits among children and youth, particularly in the areas of smoking prevention, physical fitness, and nutrition education.**

7. **Massachusetts improve the health status of adolescents through effective integration of public and private health and social services.**

The Robert Wood Johnson Foundation "Program to Consolidate Health Services for High-Risk Young People" provides a promising model program for moving in this direction. Recognizing the problems inherent in traditional adolescent health care, the Foundation has proposed funding twenty demonstration projects that consolidate services to high-risk youth. Consolidation would involve uniting a public health agency (with its wide access to teenagers) with a university teaching hospital (with its health care resources) to provide an array of services to meet the multiple health care needs of teenagers. The projects will also help focus public attention and services on the needs of high-risk adolescents.

8. **the Department of Public Health have sufficient staff and resources to fulfill four primary functions: collecting and disseminating data, developing and enforcing health care standards, providing technical assistance, and administering funds for health care services.**

In a time of shrinking public resources, monitoring the changing health status of children is all the more urgent. The Department should therefore collect data, conduct research where necessary, and bring facts and findings to the attention of the public. Research activities should also include identifying the programs that are health producing, family reinforcing, and cost-effective. The subsequent availability of a richer knowledge base will promote sound health policy decision making in the Commonwealth.

The health care standards function should also involve establishing adequate standards for programs that are traditionally not considered part of the child health care system. For example, Medicaid and private health insurers are typically not included. But they do have far-reaching effects on the health and wellbeing of children and youth. Compliance with standards and improvements in service can

be facilitated through continued and increased technical assistance by the Department.

Additionally, the Department should continue to improve its administrative supervision of public funds expended for child and family health services, focusing especially on their utilization and effects.

9. the Commonwealth encourage research to determine the factors that contribute to strong and healthy families across the spectrum of different life styles.

Conclusion

A sense emerged among the panelists and other forum participants that a White House Conference on Children and Youth should have been held. The decennial White House Conference provides the nation with a traditionally vital opportunity for the nation to recommit itself to its children and youth. If the White House Conference had occurred in 1981, the panelists believe the nuclear arms race would have been a paramount issue for debate in discussing child and family health promotion and disease prevention. Many forum participants expressed hope that future White House Conferences will convene in Washington, restoring concern for children, youth and families to national prominence and priority.

FAMILIES AND THE PUBLIC SCHOOLS: SURROGATE PARENTS OR MISSION IMPOSSIBLE?

Although public education has succeeded from a demographic perspective with more children than ever attending school, public resources have decreased dramatically and public attitudes have become more demanding and frustrated. Many of the demands on public schools seem to derive from the increasing socio-economic pressures on families, especially working parents. Forty-five percent of married mothers with children under six work outside the home. Since 1950, the proportion of married women with school-age children in the workplace has doubled from 28% to 57%. In half of families with children, both parents work. Additionally, over 42% of working women are the sole support of their families.

But despite the changing composition of the labor force, only 6% of American workers have flexible work hours. The median income for single parent families with children is $6,502 compared to $18,646 for married couples with children. And families living in the urban cores face even more intense and widespread problems.

The frustration directed toward public education appears to rest on the perceived failure of the public schools. Some view the problem as the failure to return to basic education. Others cite limited career education and inadequate preparation of young people for entry into the contemporary world of work. Still others find the public schools have failed in the areas of moral and family life education, either because the schools have undertaken this responsibility or because they have not.

The root of the criticism - and the increased demands on schools - seems to lie in the uneasy partnerships that have emerged between public schools and other primary social institutions. Especially difficult relationships have emerged between parents and schools. They are often characterized by uncertainty and disagreement about the respective responsibilities of families and schools in educating young people.

Decreased parental involvement and a diminished political constituency represent two major manifestations of the tenuous relationships. Minimal

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*The forum panelists included: Muriel Cohen - Education Editor, The Boston Globe; Senator Gerard D'Amico (D-Worcester) - Chairman, Senate Committee on Education; Marvin B. Scott, Ph.D. - Director of Human Resources Planning, ATEX, Inc.; Robert R. Spillane, Ph.D. - Superintendent, Boston Public Schools; Sheldon H. White, Ph.D. - Professor, Department of Psychology, Harvard University.

parent participation in PTA organizations, once the most vital parent group in Massachusetts, is but one measure of their declining involvement. Some attribute the decline to schools losing the trust of parents who now expect greater accountability for how their children are educated and their tax dollar spent. Others point to the blame parents place on the schools for social problems such as violence and drug abuse.

However, the issue of parent participation should be viewed in the context of the influence parents and schools exert on children. By the time young people graduate from high school, they have spent only one-ninth of their lives in school. The remainder has been spent in other environments that include the home and community.

Because both parents and schools have responsibility for educating and preparing children for adulthood, Massachusetts and its school systems should find ways to revitalize the partnerships between them. More than ever before, the survival and improvement of the public schools depend on active parental involvement in the education of their children. But while consensus emerges about the need for increased parent participation, disagreement exists about the means to achieve this goal.

Some, for example, recommend educational vouchers. Others, however, caution that the concept requires additional analysis to anticipate its implications. A financial structure to eliminate public education is one possible result. Another is a system that would compromise the very essence of the private schools - their independence. If private schools were to receive public funding, they would undoubtedly be required to comply with certain standards. On the other hand an internal voucher system for public schools merits further consideration. Under this arrangement, parents would select schools that provide quality education. Schools that did not provide it would therefore fall of their own weight.

One especially promising strategy for increasing parent participation focuses on schools building strong relationships with parents when their children are still very young. In fact, these parent and early childhood initiatives can be seen as early investments in preparing children for school success and creating strong parent constituencies. They can enhance the quality of education for children. And they can yield cost effective benefits in the future.

Creative and effective prototypes for early childhood initiatives already exist. One model builds alliances between families with very young children and elementary school faculty. Another matches sixth graders with prekindergarten children for language development and reading activities. A third model involves a daily prekindergarten program (financed by parent fees and private contributions) for children chronologically or almost eligible for kindergarten but immature relative to their peers.

The importance of renewing parent-school partnerships comes at a time when a diminished and divisive constituency also contributes to current problems in public education. Public schools find themselves caught between two constituent extremes - "uncritical lovers" who shield public schools from any criticism or change and "unloving critics" who urge their elimination or

radical transformation. Furthermore, the ranks of the constituency have decreased as taxpayers who no longer have school-age children retain little, if any, interest in public schools. Instead of public education, their concerns now tend to lie with financial security, health insurance, public safety, and tax rates.

Some suggest that public education in Massachusetts needs a new political constituency representing a middle ground. Dedicated to educational quality, it should call for introspective, sensitive and rational change. It should also develop a broadly based membership comprising all who have a vested interest in quality education. Parents and educators are not the only ones who should have such an interest. Business and industry should also recognize that they have a significant stake in improving public education to strengthen future generations of employees. Additionally individual taxpayers, who no longer or never will have school-age children, should view public schools as part of the national defense. Competence and quality in a volunteer army can only be attained if its volunteers are well educated and prepared.

The new constituency should address several critical problems that currently impede educational progress. One concerns the sheer physical safety of students in the schools. Violence has unfortunately become rooted in urban public schools. For example, 600 incidents involving violence occurred in the Boston public schools during the 1980-1981 academic year. Parental fears for their children's safety account in part for the unrelenting decline in student enrollment in the Boston public school system over the last ten years. However, the problem has also spread to Worcester, Springfield, Lynn, Lawrence, New Bedford, Fall River and every other urban area of Massachusetts with echoes in the suburbs.

The safety of children in public schools must be guaranteed as a minimum requirement for education. It is the first step toward academically turning around the public schools. To achieve this goal, students who commit violent acts will have to be removed from the mainstream of the school, for their own safety and the safety of others. Nevertheless, their educational needs must still be met. Since many of them also have severe educational problems, basic skills instruction in self-contained teaching areas represents an effective means of addressing their educational needs and the violence problem.

Some believe that the problem of violence has taken on more subtle dimensions, especially for children who attend urban schools under court-ordered desegregation. For example, the Boston order required that 20% of the school staff hired be minorities. Out of frustration, school personnel may have struck back with higher school failure rates for minority students than for white students. Others consider this analysis an overcomplication of two more fundamental issues: the quality of school personnel and the adequacy of school curricula.

The hiring and retention of incompetent, unmotivated or unqualified school personnel can pose a major problem for public education. When patronage and purely political considerations become paramount, they can account for much of the present weakness found in some schools. Individuals

are appointed who have neither the interest in students nor the ability to carry out their responsibilities whether in the areas of curriculum development, teaching, or bus route assignments. They retain their positions, having "bought" them or having the protection of union contracts or administrative policies.

Public schools should also assess the adequacy of their curricula in academically preparing their students for the future. Here, levels of student achievement represent one troublesome area. Concern with student performance should recognize that curricular and teacher expectations can make a significant difference in the levels of achievement students attain. It should also realize that poor academic preparation, especially in the primary and intermediate grades, can lead to a later inability to cope with school work. This in turn can lead to violent behavior in school.

One way to raise requirements and expectations is to place greater emphasis on instruction in basic skills and acquisition of minimum competency levels. Another measure involves adopting a mastery learning methodology that is designed to maximize individual student achievement. Student achievement can be greatly enhanced when teachers can clearly define instructional goals, process and outcomes as well as closely monitor every student's progress.

Concern with student achievement should also focus on preserving learning enviornments that are conducive to developing such essential skills as effective communication, critical thinking about controversial issues, thoughtful decision making, interpersonal conflict resolution, and cooperation with others. Certain educational concepts enable educators to continue helping students acquire these skills. They include academic freedom, human relations, whole child development, peace studies, ethics, and the affective domain. However, opposition to these concepts, together with pressures for censorship, may seriously limit the schools in fulfilling their educational mission.

In ensuring the adequacy of their curricula, public schools should avoid applying a patchwork of reforms to what may be an essentially archaic system. Rather, they should develop educational curricula that can adequately prepare children for the future - a future that will require employees who are more flexible, resourceful, adaptive, and familiar with computer technology than in the past. Local schools should therefore devise ways to anticipate the needs of the future and modify the educational system accordingly. Educational curricula must be relevant if schools are to make a difference in the lives of children.

As these and other problems are resolved, the educational mission of the public schools will be strengthened and improved. However, in revitalizing education as the primary mission of the schools, Massachusetts cannot ignore the fact that the dislocations of the family and the turmoil of society often do intrude on the mission. And when that occurs, the schools must act to sustain student access to creative learning environments. For example, when hunger, malnutrition, or psychological difficulties interfere with learning, the schools must be prepared to help their students. Similarly, when violence disrupts the educational process, the schools must act to guarantee student safety.

Plans to respond to these intrusions should rest on measures that enable public schools to fulfill their primary mission without becoming surrogate parents. Massachusetts schools should therefore find new ways of offering help to children and their families that furthers the educational mission and revitalizes parent involvement. In a time of shrinking resources, perhaps the most effective strategy is to forge a new constituency that seeks out and recombines existing but underutilized resources. The schools can represent a logical locus for mobilizing families, concerned citizens, and community institutions for educational quality and progress on behalf of the Bay State's children and youth.

Proposals

To strengthen the educational mission of the public schools, Conference participants proposed that:

1. **the Commonwealth and the public schools encourage greater parent involvement in their children's education.**

   One promising alternative for revitalizing parent-school partnerships is for the state to provide one-time, financial incentives to local school systems. The funds would be used for parent and early childhood initiatives that mobilize existing community resources on behalf of families and schools. Other options can include making parent involvement mandatory and a system of educational vouchers.

2. **Massachusetts build a new political constituency for educational quality and progress in the public schools.**

   A basic step toward achieving this goal is for educators to develop close ties with private business. Educators should convince business and industry that they too have an interest in improving public education. Together, they can convene a coalition for broad support of public schools. Another measure is to encourage <u>all</u> taxpayers to consider public schools as part of the national defense.

   A third strategy requires every high school to develop an organizational team that draws on all existing community resources and coordinates educational and related support services for all students, as necessary. The team should consist of the following:

   -<u>a social service agency</u>. Teachers can function effectively as early warning systems for the developing problems of young people. The agency can provide the generic counselling services that constitute the first steps in an effective intervention or prevention strategy. While most think of intervention as occurring at a much earlier age than high school, the high school years represent a critical time for preventing dropouts, teen-age suicide, unemployment and physical and mental health problems.

-a school or college department of social work. Student interns can provide valuable person-power while adding another dimension to their own professional development.

-a college or university school or department of psychology. Again, student interns can enhance the staffing resources available.

-a hospital. In serving several Boston schools, Children's Hospital Medical Center, found that 60% of students' health problems were related to emotional difficulties. Boston City Hospital physicians made similar observations through the Adolescent School Health Program for Boston middle schools. Hospital linkages can therefore facilitate access to much needed health care by students and their families.

-volunteers. Talented and civic minded community volunteer groups can provide teacher (e.g., reading) aides, particularly in the area of basic skills instruction.

-a "schools within schools" approach, providing self-contained classrooms for disruptive students.

-the school's Department of Student Support Services.

-the school's Office of Curriculum, to assist in developing appropriate curricula for the "schools within schools".

-the Department of Social Services, for its services, expertise, and ability to match the funds of private agencies.

-the Department of Mental Health, for its services and expertise.

-an individual business or industrial firm of sufficient size and breadth to provide: the managerial skills essential to making such a diverse team work together effectively; an off-campus location for the team's headquarters so that on-campus space can be used for actual service delivery; consultants for team training and problem solving; informational material concerning the team's services for distribution to both students and parents; a job information center (including readiness, linkage, and placement) for students; and a possibility of raising matching funds.

-an advisory committee of parents and students.

3. **Massachusetts public school systems restore managerial and academic quality to public education.**

One step the schools can take is to implement sound hiring practices that bring competent, motivated, and dedicated personnel into the public schools. They can also raise curricular and achievement standards, return to basic academic instructions, and increase student discipline. Additionally, they can guarantee the physical safety of

students by reassigning students who are suspended for committing acts of violence or possession of a dangerous weapon to self-contained teaching areas.

4. **public schools ensure the adequacy of educational curricula in preparing children for their futures in an increasingly complex and technological society.**

Possible measures for curriculum reform include:

(a) developing world issues curricula. For example, they could include the topics of nuclear weaponry, safe energy, pollution, nuclear waste disposal, the world hunger crisis, and the public policy process.

(b) the establishment of Committees on the Future. They could provide a forum for local citizens to contribute a vision about what the future seems to hold and what changes should be made in the educational system.

(c) greater student access to apprenticeships in relevant employment fields. Such experiences could help ensure that every high school graduate has at least one marketable employment skill.

(d) stronger linkages with community colleges. This measure could promote increased youth access to post-secondary educational opportunities.

WORK AND THE WORKPLACE: IMPLICATIONS FOR CHILD DEVELOPMENT AND FAMILY LIFE*

The reciprocal influences between family life and the workplace have become increasingly evident as dramatic changes have occurred in the family, business community, and society at large. The significant rise in maternal labor force participation, especially among mothers with young children, represents one major transformation. From 1960 to 1979, the percentage of working mothers with children under three grew from 16% to almost 40%. Today, 45% of married mothers with children under six work outside the home. Working mothers with school-age children have become the majority, increasing from 43% in 1960 to over 60% in 1979.

For many families, one major reason for this trend is financial necessity. More than 42% of working women are the sole financial support of their families. Single-handedly, they shoulder the dual responsibilities of work and family life. And half of families with children have two working parents. In many of these families, men's ability to earn sufficient incomes has not kept pace with current financial demands and pressures.

Significant changes have also taken place in the world of work. At the turn of the century, companies tended to be strongly paternalistic with their employees. Some would even monitor the sanitation, lighting and nutrition conditions in their employee's homes. Gradually, however, "welfare capitalism" gave way to theory and doctrine that dictated separation of work and family life and dehumanization of the bureaucracy to ensure coporate success. Business enterprises came to define themselves solely as economic units, responsible only for producing goods, providing services, and making profits.

Increasingly, the workplace has become subject not only to the internal demands of employees (e.g., improved salary, benefit, and working conditions) but also to the external demands of society at large. Frequent external criticisms have included overcharging customers, underpaying employees, or fixing prices. Now, communities also hold employers responsible for racism,

*The forum panelists included: Urie Bronfenbrenner, Ph.D. - Jacob Gould Schurman Professor of Human Development and Family Studies and Professor of Psychology, Cornell University; Dana Friedman - Consultant, Carnegie Corporation of New York; Armand M. Nicholi, II, M.D. - Faculty, Harvard Medical School and Staff Psychiatrist, Massachusetts General Hospital; Thomas L. Phillips - Chairman of the Board and Chief Executive Officer, Raytheon Company; Joseph Pleck, Ph.D. - Director, Family and Employment Programs, Wellesley College Center for Research on Women.

sexism, exploiting the poor in product testing, executive stress, air pollution, asbestos poisoning, and toxic waste hazards. Regardless of their validity, these external societal demands imply that employers, in addition to functioning as economic units, have an obligation to resolve complex ecological, moral, racial, social, and sexual issues.

The reciprocal nature of the relationship between work and family life has both its advantages and disadvantages. On the one hand, from their work and time spent in the workplace, parents provide food, shelter, and other necessities for themselves and their families. On the other hand, recent research has begun to document work as a major source of parental stress for working parents across the spectrum of family structures. As the title suggests, Parenting in an Unresponsive Society[1] documents the severe stress reported by both single-parent and two-worker families around the issue of obtaining satisfactory child care and the heightened stress experienced by mothers from single and two parent households in coordinating work and family life.

The findings of a recent study by Staines and Pleck[2] illustrate the special issues work schedules pose for the increasingly prevalent two-earner family. In 12% of families surveyed, one spouse worked an afternoon or night shift. Among families with pre-school children, this figure rose to 20%. One or both spouses worked regularly on weekends in 34% of families, with both working regularly in 6%. For 24% of families, one or both spouses even had a second job.

Cochran, Bronfenbrenner, and Cross[3] found that parents perceive the world of work as one of two sources of greatest stress. In particular, parents cited specific problems arising from working hours and inflexible schedules. They also had difficulty contacting home to notify their children of schedule changes or emergencies.

In examining the issue of work as a source of parental stress, Pleck, Staines and Lang[4] focused on parental perceptions of interference between jobs and family life. They found that about one-third of the parents surveyed reported a moderate or severe conflict between their family and work responsibilities. The extent of the conflict appeared to relate systematically to actual work conditions, for example, work schedules and the number of hours worked. Moreover, the conflict was associated not only with decreased family adjustment and psychological wellbeing but also with lower job satisfaction. The finding suggests that the work-family conflict can affect both the family and work roles of parents.

When working parents find that their dual responsibilities conflict and interfere with each other, they may have difficulty doing a good job in one sphere without making sacrifices in the other. Too often, family life pays the price in terms of parental wellbeing, child development, and family stability. Although growing concern with the work-family conflict has focused primarily on women, the difficulty also holds true for men. Fathers too are working parents who are essential to bringing up their children and often find their parenting capabilities constrained by work conditions.

While more research is needed on the reciprocal influences of family and work and their implications for child development, the fact remains that work

plays a crucial role in family life. Conversely, families are essential to the workplace: it relies on the availability of an expansive workforce that is made possible by parents who work outside the home. Every employer should recognize that many employees are also parents. They come from single or two parent families. They represent the sole or contributory support of their children. And they share in common their extensive commitments in both the worlds of work and family life.

In the United States, the two worlds have remained strikingly separate in terms of work-related programs and policies. Indeed, the nation lags far behind other industrialized countries in actively enhancing the parenting role of working parents. However, given contemporary realities and the significance of work for Massachusetts families, ways must be found for the workplace to support rather than undermine family life and make parents more accessible to one another and their children.

Two notes of caution should guide future steps in this direction. Advocacy for family-oriented personnel policies and benefit packages in the name of increased productivity may have unintended consequences. Employers could seize the corollary and believe that if the family needs of employees continue unmet, working parents will become ineffective, unproductive workers. Protecting employees' right to privacy constitutes the second issue. As employers do become more aware of the impact of family life on work, they should ensure that seemingly responsive policies do not represent undue intrusion into the personal lives of their employees.

But the ability of the workplace to mitigate the work-family conflict depends on several factors. First, business and industry must be able to remain economically viable to continue providing employment opportunity and security. The greatest disservice the workplace can do to families is to put parents out of work. In fact, unemployment is an oft-neglected source of family stress that can have debilitating consequences for the quality of family life.

Unfortunately, American businesses currently find themselves economically vulnerable. Seemingly infallible corporations, - for example, Pan American, Chrysler, and International Harvester - are on and off the brink of bankruptcy. Some attribute this acute vulnerability to American businesses having lost the competitive edge in many world markets. For example, during 1980, American automobile manufacturers built 8 million cars while those in Japan produced 11 million. Similar challenges now exist in other areas including televisions, stereo equipment, semi-conductors, and electronic devices.

In light of current economic conditions, the impact of employee benefit and personnel policy decisions on the productivity, competitiveness, and viability of the workplace becomes a paramount concern. The Western European experience suggests that sometimes the cost of employee benefits may exceed the capacity of business to remain viable. While leading the way in comprehensive benefits, countries such as Belgium, Holland and Sweden are now seeing company after company permanently close down.

On the other hand, attractive family-oriented personnel policies and benefits can enhance the vitality of the workplace in terms of employee

recruitment and retention. This advantage seems to hold especially true for areas characterized by acute labor shortages. For example, the banking and insurance industries tend to provide more comprehensive benefits in order to attract and keep sorely needed clerical staff. Similarly, hospitals have found that the availability of family-oriented policies and benefits helps to recruit nurses. Many of them had ceased practicing because they found it difficult to coordinate work and family responsibilities.

Second, insufficient knowledge about the work-family conflict among key managers and decision makers can limit workplace responsiveness to family concerns. For one, most positions of power and influence are held by men. Given prevailing patterns of raising and socializing children, men have typically not had exposure to experiences of daily responsibility for the care and nurturing of children. As a result, men are less likely to understand the pressures and demands of coordinating both work and family responsibilities. Yet they occupy the positions where work decisions affecting family life are made. Perhaps the most effective strategy for stimulating corporate response to family concerns would be to contact all chief executive officers who have just become grandfathers!

Additionally, knowledge about the work-family conflict is limited because business schools have not trained managers to consider non-work factors in assessing employee performance. Although non-work factors can have a significant bearing on such issues as employee turnover, absenteeism, or job satisfaction, they are frequently overlooked. In part, this oversight reflects the difficulties of measuring non-work factors. More importantly, their neglect reflects the emergence of classic organizational development literature prior to the influx of women into the labor market.

Limited knowledge about the work-family conflict also contributes to frequently heard management assertions that family considerations play no role in work performance. These assertions should however be evaluated in the context of the dual standard used in hiring and promotion decisions. For married men, a family means stability and maturity. In these situations, a family can facilitate career advancement. For married women, a family represents a lower work commitment and less available energy. Here, a family can constrain career growth. Women are viewed as bringing less than one full-time person to their jobs while men are seen as bringing the equivalent of two.

Undoubtedly, the family and the workplace exert powerful, often stressful, influences on each other. Given the price family life often pays, the workplace should take steps to ease the family-work conflict for working parents. Movement in this direction will require a balanced approach that considers the competing interests of the workplace. Preserving the economic viability of the workplace and increasing the accessibility of working parents to their children need not become mutually exclusive goals. Both can be achieved in the Commonwealth by combining balance with patience and steady progress.

Proposals

To assist Massachusetts employers become more responsive to the needs of working parents, Conference participants proposed that employers:

1. **undertake inexpensive, but potentially far-reaching, management initiatives to help working parents become more accessible to their children and effective in meeting their family responsibilities.**

   Some examples include (a) anticipating reporting requirements and deadlines in advance and not asking employees at 5:00 p.m. to prepare a report by 9:00 a.m. the following day, (b) scheduling meetings during work hours instead of evenings, weekends, and holidays, (c) and providing employees the option of not being transferred because of family considerations and without affecting their career growth potential in the future.

2. **develop personnel policies that increase the accessibility of working parents to their children and strengthen their ability to meet the dual demands of family and work responsibilities.**

   Personnel policies could include the following provisions:

   a. flexible schedules wherever possible (e.g., flex-time, part-time jobs, and job sharing arrangements);

   b. maternity and paternity leaves;

   c. sick leave enabling working parents to care for their children when they become sick;

   d. child care (e.g., information and referral to put parents in touch with existing community facilities, on-site day care, or family day care);

   e. employer-sponsored parent seminars at the work site; and

   f. employee assistance programs providing information and referral to existing community services.

3. **develop linkages with existing social service programs in the local community to facilitate employee access to needed support services and enable employers to assist their employees in cost-effective ways.**

4. **encourage qualified women to move into influential positions and translate their knowledge into personnel policies and practices that are supportive of working parents.**

   Given prevailing patterns of child rearing, women are more likely to understand the pressures of coordinating both family and work

responsibilities. They have confronted these types of situations more often than men in the course of their lives. If more women were to occupy positions of influence and decision making, their knowledge could be translated into policy and practice.

5. **employers retain or regain their competitiveness in world markets by investing in research and development to improve their technology, making greater capital investments in the tools employees need to become more productive, and instilling more pride in their employees and products.**

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THE IMPACT OF POVERTY:
WORK, WELFARE AND FAMILY WELLBEING IN MASSACHUSETTS*

Despite the progress to date, poverty remains one of the most persistent and pervasive problems affecting young people. Historically, the poverty rate for children fell from almost 30% in the late 1950s to about 15% in 1970. During the 1970s, the rate remained fairly stable, generally hovering around 15%. However, between 1979 and 1980, the number of children who live in poverty leaped from 10.2 million to 11.4 million - from one in six to almost one in five children. In fact, children accounted for about one-third of the total increase that year in the number of impoverished Americans.

As the number of children and families living in poverty increases, the nation's public welfare system contracts. However, this retreat in public sector programs for the poor antedates the present onslaught of budget and tax cuts. Until recently, the contraction resulted principally from the failure of federal and state benefits to keep pace with inflation. For example, the 1970s witnessed sharp reductions in real benefits for Aid to Families with Dependent Children. Despite some upward adjustments in nominal grant levels, national average benefits fell by almost 25% in real terms between 1969 and 1980. In Massachusetts, real AFDC benefit levels fell by 33%, although a rise in food stamp benefits partially compensated for this decrease.

Now, the public sector retreat is characterized by federal changes in social welfare policy with far-reaching human, political and ideological implications. In human terms, recent changes, especially in the AFDC program, will have profound if not devastating consequences for poor families in Massachusetts. The Commonwealth projected that in fiscal year 1982, over 11,000 families would lose their AFDC benefits altogether while another 7,000 would have their grant levels reduced. For many, loss of AFDC will also mean loss of Medicaid eligibility.

*The forum panelists included: Marilyn Anderson-Chase, M.S.W. - Executive Director, Roxbury Multi-Service Center; Leonard Hausman, Ph.D. - Associate Professor of Economics, Brandeis University Heller School; June Gary Hopps, Ph.D. - Dean, Boston College Graduate School of Social Work; Michael Lipsky, Ph.D. - Professor of Political Science, Massachusetts Institute of Technology; Martin Rein, Ph.D. - Professor of Urban Studies and Planning, Massachusetts Institue of Technology.

The effects of these and other changes, including the elimination of public service jobs, will be particularly harsh for children. They represent approximately 70% of those who will be affected. And as the costs of health care, housing, and day care continue to escalate, the subsequent limitations on access to health and support services as well as a decent standard of living will seriously jeopardize the health and wellbeing of poor children.

The Commonwealth's working poor will also be hard hit by changed eligibility requirements and funding cutbacks. Comprising over 10% of all families, the working poor are a sizeable group who cannot reach the poverty line through work alone. They are generally excluded from the private welfare system that is available to the regularly employed. Although the private welfare system has grown sixteen-fold from $25 billion in 1950 to $400 billion in 1979, substantial gaps in the system still remain, especially for marginal and part-time workers. Until recently, the public welfare system has helped many of them edge closer, if not up, to the poverty level. The working poor now find themselves cut off from both the private and public welfare system.

Increasingly, poor families will find they have few options available. Projections suggest that in 20% of two-parent families terminated from the AFDC program, fathers will leave their wives and children to enable them to retain their benefits. Others may have the fortune to find employment, - a doubtful possibility when many of the jobs available in Massachusetts exist in high technology areas that require some specialized training and experience. Dismissed from public assistance programs as employable, low income parents will compete for limited employment opportunities with police officers, firefighters, teachers and other municipal employees as well as former private sector employees forced out of the labor market in recent months.

Some may turn to criminal activity as a means of economic survival. Still others may have relatives and friends to rely on and share their limited resources. And some parents lack the skills to find employment, the heart to live from the street, or the support of family and friends. Indeed, they will despair and destroy themselves and their children either directly through abuse and desertion or indirectly through alcoholism or emotional illness.

Politically, many of the changes made by the Omnibus Budget Reconciliation Act of 1981 have been heralded as measures to aid economic recovery by reducing public assistance caseloads and human service expenditures. However, these intended results appear highly doubtful upon analyzing the extensive modifications made to the AFDC program. In fact, several new features may create serious work disincentives for current and prospective AFDC recipients.

One change, for example, limits eligibility to families with gross incomes that do not exceed 150% of the state's standard of need. Another revision fixes the maximum monthly disregard amounts for work-related and child care expenses respectively at $75 and $160 when eligibility and grant levels are determined. Previously, the amounts disregarded represented the actual costs incurred. Additionally, the earned income disregards

have been reduced to a maximum of $75 for each of four months. After four months, the AFDC grant is reduced dollar-for-dollar for every dollar earned, excluding only earnings spent on work-related expenses.

For many AFDC recipients who now work, the changes will remove incentives to continue working. They cannot afford to work because the loss in benefits, especially Medicaid, will outweigh any work-related gains. The marginal wages most earn, often in jobs with few if any employee benefits, are simply insufficient to maintain a decent standard of living for themselves and their children. Rather than encouraging and reinforcing efforts to become financially independent, the more stringent eligibility requirements will create disincentives for continued work, encourage total dependence on the public welfare system, and increase public assistance caseloads and expenditures.

Projected caseload and expenditure reductions appear even more unattainable in light of the current economic recession and its impact on children, youth and families. In fact, public welfare rolls may grow as increased unemployment and labor market re-entry difficulties continue. Similarly, stricter eligibility requirements for inkind benefits, such as Medicaid and food stamps, may cause additional growth in public assistance caseloads.

To anticipate the increased pressures on public welfare, Massachusetts chose to take advantage of the federal "Community Work Experience Program" option. At the time of the Conference[1], the proposed Comprehensive Work and Training Program required mandatory participation by all non-exempt AFDC recipients as a condition of their benefits. Recipients who did not secure employment through the program's job search phase were to "work off" their grants by performing unpaid work for non-profit organizations and without receiving typical job-related benefits ... or face benefit termination.

The purpose of the program was to decrease AFDC caseloads by discouraging new applicants and increasing the number of recipients who become regularly employed. However, past experience with various mandatory work programs for public assistance recipients suggests that none of the intended outcomes occurred. The data available also indicate that the costs of mandatory work programs outweighed the savings.

Ideologically, the public policy changes wrought by the Omnibus Budget Reconciliation Act reflect several pervasive beliefs and assumptions about social welfare, social responsibility, and the poor. For example, many Americans believe they are worse off today than they were in the past. But they have forgotten about the prevailing hardships of earlier decades. They have lost sight of the fact that the general health and wellbeing of the nation have improved tremendously.

They have also forgotten that government spending has accounted for much of the progress. Instead, they believe that government expenditures have benefited only the poor while the middle class paid the bill. They should however recognize the gains made by the affluent from public spending and revenue losses in such programs as student loans, farm price supports, public employee pensions, tax deductions and shelters, direct government employment, and indirect employment through federal contracts.

Some Americans also believe that social programs have proved unsuccessful. While many programs may not have been well administered, they have by no means failed. The school lunch program, for example, has contributed significantly to the virtual elimination of childhood nutritional disorders. Head Start has helped compensate for the environmental deprivation of growing up in poverty. Public housing and rent subsidies have provided homes for millions of families and their children - people who would otherwise have no place to sleep. Cash and inkind transfers have helped millions, especially the elderly, move and stay out of poverty.

Additionally, many assume that the private sector, particularly the voluntary sector, can and will take over responsibility for social welfare. However, the ability of the private sector to compensate for public funding reductions seems neither feasible nor realistic. In the first place, the private sector itself has consistently stated that it cannot and will not make up the difference. Secondly, private giving would have to increase 144% during the next five years to compensate for expected public funding decreases.

This increase appears highly unlikely given past rates and patterns of private giving and current financial incentives for charitable donations. During the preceding five-year period, private donations increased by only 38%. Recently revised federal tax laws only reduce the tax incentives for charitable donations. According to the American Association of Giving, most contributions to charitable organizations are made by individuals. In 1980, they gave 83.7% of the total $47.7 billion; the remainder came from bequests (6%), corporations (5.3%), and foundations (5%). Despite higher earnings, the corporate rate of charitable giving has not changed during the past decade. Considering the adverse economic consequences of the recession for individuals and corporations alike, future prospects for private donations are not encouraging. Even if they were, past patterns of private giving indicate that social welfare organizations rank low as beneficiaries compared to religious, educational, and health organizations.

Just as the private sector cannot compensate for public sector retrenchment, the voluntary non-profit sector cannot make up the difference in adequately meeting the needs of poor families and their children. In fact, passage of the Omnibus Budget Reconciliation Act poses sheer survival issues for many voluntary agencies. The Urban Institute estimates that social services in the voluntary sector stand to lose about 50% of their public funds over the next four years. In 1982 alone, this represents a loss of $3.5 billion. Threatened with possible extinction, voluntary agencies also confront an upsurge in the needs of impoverished children and families. The surviving agencies will only be expected to do more with fewer resources.

One final assumption about the poor painfully depicts the inescapable dilemma they confront in their lives. Many Americans believe that public assistance recipients are "content" to remain on subsistence benefits or that the working poor are "satisfied" with a substandard existence. For most poor families, however, dependence on public welfare or subsistence wages does not represent a life-style of choice. Rather, they would welcome opportunities to work and earn living wages in jobs with possibilities for upward mobility, personal growth and development, and fringe benefits that

provide health and other protections for their families. They too seek the opportunities most take for granted - opportunities that economic recovery will ostensibly create.

But expectations that the social welfare retreat in the public sector will eliminate poverty and dependency by stimulating the economy are not reassuring in light of recent experiences. The United States launched the 1960s War on Poverty during a period of exceptional economic growth and rapid expansion of employment opportunities. Still, a significant population living in poverty remained because economic growth stimulates demand for skilled workers. The poor, generally comprising the uneducated, unskilled, and troubled, often lack the requisite skills and experiences. The demand for their labor, even in times of economic growth, is insufficient to bring their earnings up to, let alone over, the poverty line.

During a period of economic contraction and high unemployment, public sector retrenchment and private sector limitations portend increased hardship and suffering for poor families and children. They will only lose on both fronts. No longer eligible for public benefits, the poor will neither gain private benefits nor share the rewards of economic growth - if and when it occurs. Current public policy directions will merely widen contemporary inequalities in the distribution of social protections. As the poor become poorer, the human and social toll of diminishing public responsibility for social welfare become sadly predictable. If the Commonwealth is to remain truly concerned for the wellbeing of its families and children, Massachusetts must be prepared to advocate for sufficient resources and constructive programs to meet the needs of its poor families.

Proposals

To improve the capacity of the Commonwealth for meeting the needs of the Bay State's poor families and their children, Conference participants proposed that:

1. **human service professionals and advocates build coalitions to educate the public about the consequences of public policy changes and private sector limitations as well as work for an effective, constructive public welfare system.**

2. **employers take advantage of tax incentives to provide day care for the children of working parents, enabling parents to earn a living and also meet their family responsibilities.**

3. **the Commonwealth maintain the original purpose of the AFDC program, providing single parents with the choice of remaining at home to care for their children.**

4. the Commonwealth advocate for additional federally-funded public service jobs.

5. the Commonwealth not implement the Comprehensive Work and Training Program, as proposed at the time of the Conference.

6. private non-profit agencies not participate in the Comprehensive Work and Training Program, as proposed at the time of the Conference.

7. the Commonwealth enact legislation that requires legislative review of state policies involving state-federal benefit programs (e.g., S. 2335 in the 1981 Legislative session).

8. the Commonwealth forestall inappropriate legislative involvement in executive branch decisions.

References

1. Since the Conference was held, plans for the Massachusetts Comprehensive Work and Training Program have undergone substantial modification. Although much of the forum focus centered on the mandatory nature of the proposal, other concerns expressed about the efficacy of the original proposal included: the capacity of the private sector to absorb tens of thousands of AFDC recipients during a period of economic contraction and high unemployment; the ability of AFDC receipients to compete for limited job opportunities with skilled and experienced unemployed individuals; the sufficiency of Division of Employment Security staff to assist AFDC recipients in obtaining jobs; the capability of AFDC recipients to afford essential work-related expenses; the capacity of non-profit organizations to supervise and train AFDC recipients; and the willingness of the Commonwealth to invest in costly but meaningful job training and education opportunities.

THE FUTURE OF DAY CARE*

For many Massachusetts families, access to quality child care services has become essential to family stability and economic survival. The growing day care demand in large part reflects the rapid rise in maternal labor force participation, especially among mothers with pre-school children. In 1980, 43% of the 18.9 million American children under six had mothers who worked outside the home. And estimates suggest that by 1990 more than 12 million children of pre-school age will have mothers in the labor force.

In many families, the impetus for mothers to work outside the home has come from economic necessity. For one, most single parents are the sole support of their children. In fact, the health and wellbeing of 11.2 million American children depend on the income their single parents receive. And one in six of all these children who grow up in single parent families are pre-schoolers. Secondly, more and more two-parent families have to rely on two incomes for their economic survival. This trend is not surprising since the salary earned in only one out of every five jobs can adequately support a family of four.

Increasingly, the benefits of quality day care for the child, family and economy are becoming apparent. Stable child care arrangements enable parents to support their families, increase their earnings, and contribute to state and federal tax revenues. The Stride Rite Corporation Children's Center found that the 1980 salaries earned as a result of the Center's existence, by working parents and staff, totaled $.5 million. In turn, their increased purchasing power can stimulate the state's economy. For example, a recent Texas study found that every $1.00 spent on child care services generated $7.5 in goods and services purchased by parents because they were able to work and earn income.[1]

Additionally, day care can offer an effective treatment tool for families with problems and children with special needs. Day care, for

*The forum panelists included: Douglas Baird - Executive Director, Associated Day Care Services; T. Berry Brazelton, M.D. - Chief, Division of Child Development, Children's Hospital Medical Center; Jerome Kagan, Ph.D. - Professor of Human Development, Harvard University; Miriam Kertzman - Director, Stride Rite Corporation Children's Center; Gwen Morgan - Lecturer, Wheelock College.

example, can help avert the known harmful effects of unemployment and poverty for the country's over 10 million poor children. Similarly, its availability can help mitigate family crises and prevent the child abuse and neglect suffered by an unknown number of children. Access to quality day care can also enhance the ability of children with physical, mental or emotional handicaps to function in society, now and later as adults. In all cases, the availability of day care can strengthen family ties and responsibilities; it can keep families together and prevent out-of-home placement of children.

However, unless certain conditions exist, day care can also become a source of anxiety and stress for parents. Quality of care is one essential condition for both child wellbeing and parental satisfaction. A vast body of research documents that surrogate care has no obvious adverse effects on child development, if the day care context is supportive and the ratio of caretakers to children is low. In fact, good quality day care does not seem to have much of an effect, either facilitating or debilitating, on the development of most children.

Two exceptions to this finding appear to hold for a small number of children. Quality day care can enhance the development of children living in deleterious home environments. On the other hand, the temperament of some children requires that they remain at home for healthiest growth and development. For the majority of children, however, the research has found no significant differences in cognitive, social or emotional development between children in day care centers and those remaining at home when the quality of care is good.

Some, therefore, suggest that the state regulate the size of the centers, the staff-to-children ratio, and the caretaker's qualifications. That is, Massachusetts should see to it that a center has enough space for each child to play alone as well as with other children. It should also ensure that the number of caretakers corresponds to the developmental needs of the children in the center. For example, because children up to three years require constant attention, a caretaker should be in charge of no more than three infants. Finally, the Commonwealth should maintain standards for selecting day care staff. Good caretakers have already taken care of children and understand their development. They should enjoy children. They should also be nurturing, warm, and tolerant. And because these qualities are not always easy to predict in candidates, the experts - the parents themselves - should help monitor the quality of the staff.

Another vital condition is for parents to have choice when they make day care arrangements. To have choice means to have control over the care of their children. Sometimes, parents can exercize their choice by arranging for other family members to provide day care. But only half of all families have relatives available to assist with child care. And some analysts predict that the number of relatives available for child care will decline significantly as economic necessity drives them into the labor force. Day care arrangements therefore often involve non-relative alternatives. In these situations, parental choice is enhanced or limited by factors that include geographic accessibility and program variety.

Cost also defines the extent of parents' choice. For many parents, the current costs of quality day care are simply prohibitive. When they cannot

afford quality care, parents may settle for unsatisfactory care or limit their earnings to become eligible for subsidized care. Sometimes, as in the tragic case of the latchkey children, children are left without any care at all.

A third condition is that day care be considered a support for the entire family, parents and children alike. When day care induces anxiety, guilt or competition, it will only add to the stress experienced by parents - especially those who work - and undermine family integrity. Day care facilities should therefore recognize that many parents worry about the effects of surrogate care on their children. They remain uncertain despite the research that documents the generally neutral impact of such care.

To support rather than undermine families, facilities should address four common sources of concern about day care. One fear is that surrogate care will dilute the attachment of children to their mothers. Many people believe that effective socialization and emotional security depend solely on a continuous affective bond between mother and infant. However, no solid empirical evidence indicates that daily separation seriously dilutes the attachment. Nor does any firm evidence suggest that close, unbroken relationships protect children from later psychic trauma.

A second worry is that day care will delay cognitive development. Parents rightly believe that a child's optimal intellectual development requires special interactions with parents. They therefore question whether child care can provide the experiences crucial to normal development. If the day care environment fails to provide sufficient variety and opportunity to practice emerging competencies, delays in cognitive development may result. But day care facilities can avoid this problem if they provide children with the experiences that help them acquire the qualities that parents and society value. They include language skills, cognitive abilities, autonomy, and mastery motivation. Most American parents also want their children to value recognition, self-enhancement, sensitivity, and economic security.

A third reservation reflects fear about the potentially "polluting" effects of peers on the socialization of values. Parents worry that their children might adopt the "unwanted" qualities they see in their peers. However, this concern should be balanced by a perspective that also considers the advantages of peer interactions. For example, through interactions with their peers, children can develop essential social skills.

Fourth, mothers often feel guilt about sharing responsibility for their children with day care facilities. To them, it may mean "abandonment" of the fundamental, moral duty they have to their children. Additionally, feelings of guilt or inadequacy increase when there is unconscious competition between parents and day care staff. The competition is reflected in such staff to parents remarks as: "You don't need to be here. Your child does very well without you." Or, "Your child never does that when she is with us." To mitigate the competition and the guilt it fosters, staff should be sensitive to these concerns. Above all, they should regard their relationship with parents as a partnership rather than substitute.

The current need for quality day care - that is, care that meets these vital conditions - exists at a time of policy confusion. Continuous policy shifts and inconsistencies make it hard for some to know what the real policy

is at any given moment. Lack of clarity about the purpose of day care seems to account for part of the confusion. Although the specific objectives may vary greatly with each family's unique situation, they are often viewed as autonomous and unrelated. As a result, unproductive competition among aims and interests can occur. Instead, a definition of day care as a family support that enhances emotional and economic wellbeing and responsibility would be a more useful conception of its purpose.

Furthermore, some of the confusion seems to derive from uncertainty about the scope and nature of day care demand and supply. Consequently, the day care available is often inconsistent with what parents seek in terms of type, location, and cost. For example, one recent policy decision that attempted to anticipate increased demand left unfilled many publicly-subsidized day care slots. At the same time, parents who needed and were otherwise eligible for the slots could not use them. Unfortunately, they may have had to make unsatisfactory arrangements or leave their children without care.

The discrepancy between supply and demand basically reflects the dearth of reliable data on existing services and actual needs. Without it, parents frequently find the experience of getting the information they need stressful. The unavailability of accurate data can also prove costly for both the public and private sectors when unnecessary service gaps and duplications occur.

However, there are some specific measures Massachusetts can take to alleviate the confusion in day care policy. One step is to ensure the availability of accurate and timely data about existing services as well as current and projected needs. At the public policy level, access to such information could improve the state's ability to make informed decisions. Most importantly, it could increase the state's capacity to do programmatic and fiscal planning in accordance with the changing needs of children and their families.

Similarly, when parents, providers, and employers can get the facts they need about day care in their area, they too can make informed decisions - especially if the data is centrally maintained and accessible through "resource and referral" or "clearinghouse" mechanisms. For example, with full knowledge of the different types of day care available, parents can make the best decisions for themselves and their children. Access to such information can also improve the quality of child care for families by fostering coordination between day care facilities and other support services.

Additionally, with this information, employers can find cost effective, creative ways to add quality day care to their employee benefit package. Not every employer needs to establish an on-site facility. But many employers do not know that they have different options. Other possibilities can include use of family day care or other existing facilities. Access for employees can be provided through a variety of methods - for example, referral, partial financial subsidy, or subsidized vouchers. In short, resource and referral agencies can prevent underutilization of existing child care and overestimation of the need for day care. And they can achieve these objectives at substantial financial savings to all concerned.

Another step Massachusetts can take is to ensure active coordination and integration of day care policy and services among the numerous state agencies involved. Some believe that this integration should emanate from the executive office level. For example, executive office staff could be assigned responsibility for interagency coordination. Working together with the agencies, they would develop and plan day care policy on a statewide basis.

Third, and perhaps most importantly, Massachusetts should establish a dependable system of quality day care. The system should have the capacity to accommondate different family needs, preferences, and financial situations. How to achieve this objective in a time of fiscal restraint and rapid demographic change poses a crucial challenge for Massachusetts in the 1980s. Some of the alternatives are a universal child care system or a wage structure that gives mothers the choice of remaining at home. But, neither of these options appears realistic in the foreseeable future.

However, to move in this direction, Massachusetts can develop a cohesive, consistent and comprehensive state policy that encompasses all child care facilities. To stabilize and expand the day care system, the policy should

(1) ensure quality care and eliminate all day care that is detrimental to child growth and development,

(2) define day care as a support for both the child and the family,

(3) offer choice to parents when they make day care arrangement, and

(4) use public resources in ways that stimulate greater private sector initiative and support.

A sensible state policy that rests on these basic principles and reflects the state's commitment to strong families, could have far-reaching benefits for Massachusetts children, youth and families in terms of child development, family stability, and economic security.

Proposals

To support and strengthen families who need access to quality, affordable day care, Conference participants proposed that:

1. **the Commonwealth ensure that all child care available in Massachusetts is of good quality and provided under optimal conditions for healthy child development.**

   To realize this standard, Massachusetts should strengthen its licensing and registration activities. For example, sufficient personnel will be required to fulfill these responsibilities in providing close supervision, continuous monitoring, and consistent enforcement with appropriate standards. Additional measures to ensure quality and prevent harmful care include:

a) reviewing and revising all licensing standards to strengthen crucial requirements, especially in the area of staff training; to eliminate burdensome regulations that interfere with the provision of quality care and program autonomy; and to develop standards appropriate to each type of day care.

b) adopting health and building codes appropriate to child care facilities.

c) removing inappropriate zoning obstacles to the development of needed day care services.

d) enforcing the requirement for all independent family day care homes to register with the Office for Children and empowering the agency to fully investigate all complaints received.

e) monitoring the actual provision of in-home babysitting paid for with state funds.

f) monitoring all publicly funded day care services to ensure compliance with contract requirements.

g) encouraging greater parent involvement in licensing and monitoring as well as regulation review and development.

h) providing technical assistance and consultation to day care facilities to help them comply with and surpass minimum requirements.

2. **the Commonwealth stabilize the existing child care system by:**

a) continuing the sliding fee scale policy and ensuring that fees are based on parents ability to pay;

b) defining eligibility for publicly subsidized day care in terms of family incomes at or under 115% of median income;

c) reaffirming the principle of continuity in the provision of day care for individual children by preventing needless and potentially harmful discontinuity, especially when eligibility status and funding source changes occur;

d) establishing standards for day care that is purchased with public funds;

e) ensuring timely and reasonable reimbursement that reflects the actual costs incurred; and

f) streamlining the presently burdensome and costly contracting process.

3. **equitable salaries be paid to child care staff, commensurate with their vital responsibilities, to prevent rapid and disruptive staff turnover in day care facilities.**

4. **the Commonwealth coordinate day care policy among the various state agencies involved.**

Interagency coordination staff, at the executive office level, should have responsibility for statewide policy development and planning. Specific responsibilities should include: ongoing data collection and analysis regarding existing resources, unmet needs, and projected utilization patterns; collaboration with and consultation to municipal governments, voluntary agencies, places of worship, and the business community to promote cost-effective development of needed, quality day care; and planning for further consolidation and coordination of state agency responsibility for overall day care policy. To draw on a broad range of viewpoints and backgrounds, the Governor should establish a day care policy advisory group that comprises parents, providers, professionals, citizens, and municipal officials.

5. **the Commonwealth collect and maintain accurate data on day care supply and demand for planning, budgeting, and resource allocation purposes.**

Information about existing child care services should include nursery schools, licensed day care programs, Head Start, school-based preschool programs, and programs in hospitals and mental health clinics. Data on current child care arrangements should include type, capacity, utilization, location, and cost.

6. **in times of fiscal austerity, the Commonwealth allocate limited funding resources based on rational, documented priorities of need for day care services.**

7. **the Commonwealth use public resources in ways that stimulate greater private sector initiative to meet the day care needs of Massachusetts children and families.**

Some alternative strategies to achieve this objective include:

a) providing incentives (e.g., one-time start-up grants and collaboration with United Ways, Chambers of Commerce, or municipal governments) to establish resource and referral agencies throughtout the state.

b) encouraging day care facilities to service children of both fee-paying families and families receiving private or public subsidies.

c) allowing personal state income tax credits for working parents, consistent with comparable federal tax credits.

d) increasing one-time or ongoing tax credits for employers who make quality day care available to their employees. In many cases, tax credits for initial, start-up expenditures would be sufficient to stimulate the development of needed day care services.

8. **public and private sector employers who provide day care subsidies for employees increase parental choice in making child care arrangements through the use of day care vouchers.**

9. **Massachusetts encourage the development of alternative models for day care.**

For example, child care, especially after-school day care, could be physically located in school buildings. The advantages of this approach include: use of existing space and therefore lower costs; less disruption for the children involved; and opportunities for interested high school students to learn about child development and care.

10. **the Commonwealth supplement the cost of child care for children of AFDC recipients as necessary to ensuring access to quality day care of parental choice.**

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FAMILIES, YOUTH AND DELINQUENCY: STRATEGIES FOR INTERVENTION INVOLVING PARENTS AND COMMUNITIES*

Approximately 1.5 million young people of so-called juvenile age live in Massachusetts. An average of 12,000 youth or .08% are arrested each year with less than 850 ever reaching the point of court-commitment to the Department of Youth Services (DYS). Data that document the growing involvement of Hispanic youth in the juvenile justice system reveal that they comprise 7.8% of the DYS population, an increase from 5.6% in 1976. More significantly, they represent almost 10% of the DYS population held in secure facilities.

Although the proportion of youth involved with the juvenile justice system is relatively small, the seriousness of delinquency necessitates a re-examination of traditional responses to the problem. Increasingly, searches for the causes of delinquency have turned to sources of youth attachment to or alienation from the primary agencies of socialization in community life - the family, school, place of worship, peer group, workplace, and community. The central focus is on the nature of the relationships youth form in these contexts and the role the attachments play in generating law-abiding aspirations, activities, and beliefs.

Research points consistently to the central role of the family in preventing delinquency. Here, the quality of caring in the relationship between parents themselves and between parents and children is crucial. Nondelinquent children feel cared about. In turn they care about possible parental reactions to their behavior, using parental expectations to control and guide their conduct. The love and concern of parents for each other can also help build self-esteem and worth in their children.

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*The forum panelists included: Monsignor Joseph T. Alves, M. Div., D.S.W. - Executive Director, Family Counseling and Guidance Centers, Inc.; Edward M. Murphy, Ph.D. - Commissioner, Massachusetts Department of Youth Services; The Honorable James J. Nixon - Justice, Cambridge Division, District Court Department of the Trial Court of Massachusetts; Lloyd E. Ohlin, Ph.D. - Professor of Criminology, Harvard Law School; Jerry Regier - U. S. Department of Health and Human Services, Special Assistant to the Commission, Children, Youth and Families and Director, Office for Families; Gregory Torres - former Criminal Justice Specialist, Executive Office of Human Services, Commonwealth of Massachusetts; Elizabeth Vorenberg - Deputy Director, Massachusetts Advocacy Center.

By contrast, delinquent youth tend to come from homes with less caring, communication, supervision, and affection between parents, and more inconsistent and erratic discipline and rewards. They are made hostile by overly strict discipline, become violent in reaction to severe punishment or abuse, or set aimlessly adrift when met with excessive leniency or indifference. Delinquent youth are more likely to report an inability to confide in their parents, a desire to leave home, and a feeling of rejection. In later life, they are more likely to recall childhood relationships with their parents as painful and uninstructive in differentiating right from wrong. They claim that, at an early age, they rejected their parents as role models.

Research also indicates that the qulity of family life affects the way youth will respond to authority in other situations. Children who feel supported and cared for at home are more likely to accept the authority of teachers at school. They remain attentive and open to learning experiences; they value teacher opinions, and accept teachers as role models to emulate, just as they do their parents. They also view delinquent acts and school misconduct as threats to their future, having acquired a stake in education as the appropriate route to success. And they find their parents consistently reinforcing their belief that schooling is interesting and relevant.

On the other hand, prospective delinquents challenge school authorities with indifference or disruptive behavior. They tend to engage in status games with teachers to assert their autonomy and make premature claims to adulthood. School experiences are perceived as boring, unresponsive to their interests, and irrelevant to their future.

Although children's home and school experiences closely intermesh, the fit is not always exact. For example, a warm, supportive home environment can compensate or serve as a protective buffer for the self-esteem of youth who have an alienating relationship with their parents. Home and school experiences can therefore be additive where both are either positive or negative. But they can also be compensatory where one is positive and the other is not.

Additionally, family and school experiences can strongly influence the importance of peer group relationships as sources of delinquent associations and activities. For example, when youth receive less parental supervision, they are more likely to assert their autonomy by staying away from home or school. This tendency appears to represent an early sign of future trouble as peer group activities absorb increasing amounts of time and interest. The research also suggests that nondelinquents actually form stronger peer attachments than delinquent youth. However, their peer group activities are much more closely supervised and involve smaller time commitments.

Recent research has also begun to focus on the relationship between church membership and delinquency rates. The studies use this membership as an index of the existence of "moral communities". Especially significant correlations emerge for property crimes, such as burglary and larceny, that are most characteristic of youth crimes. Correlations are less than half as great (-.20 vs. -.44) with violent crimes that are more characteristic of adults.

In the workplace, the long term exclusion of children and adolescents from the labor force has denied youth a purposeful work role in society. Meaningful work opportunities can offer valuable learning experiences, especialy in acquiring the essential concepts of responsibility and service. Work should therefore be considered just as crucial to preparation for the future as education. And, it need not be paid to be valuable.

However, the current employment picture appears more and more bleak. While unemployment among white adolescents aged sixteen to nineteen exceeds 20%, the rate among black teenagers is twice as high. Furthermore, a comparison of historical data suggests that the difference continues to grow. From 1950 to 1973, the proportion of employed black teenagers declined from 68% to 35%. For white teenagers, the proportion remained stable at about 63%. Some believe the situation may worsen as more women enter the labor market.

Among youth who do become delinquents, a track record of progressive alienation from institutional involvements with home, school, and religion can be found. However, delineating the precise causal chain that leads to delinquency is difficult. For example, strains in family relationships may lead to school problems. Similarly, difficulties in school can cause trouble at home. Sometimes, undetected health problems interfere with learning and lead to repeated school failures.

Parental inability to properly supervise peer group associations and activities can represent another "link" in the chain. Some attribute this problem to the growing participation of mothers in the work force outside the home. But regardless of the reasons, inadequate supervision can result in adjustment problems at home as well as school. It can also insulate youth from the moral influences of religious participation.

Furthermore, concern about the future - especially when prospects for meaningful work opportunities are dim - can lead to more delinquent involvement. English and American research studies have established that the year before leaving school is the peak year for youth involvement in delinquency. As the time for leaving school approaches, they seem to anticipate the costs of crime on future job and marriage opportunities. In this regard, the significance for delinquency of such factors as racial discrimination and chronic poverty cannot be overlooked.

Although the causal chain leading to delinquency is not always clear, consensus seems to emerge that the role of the family in dealing with delinquency is crucial. As President Reagan stated in his 1981 National Family Week Proclamations, "The family is the basic unit of our society.... It provides love, acceptance, guidance, support, and instruction to the individual. Community values and goals that give America strength also take root in the home. In times of change and challenge, families keep safe our cultural heritage and reinforce our spiritual foundation."

However, some urge Massachusetts to proceed cautiously in focusing on families as "the solution" to delinquency intervention. They stress two considerations the state should be aware of. First, past family-oriented reforms of the juvenile justice system sometimes proved counter-productive for the children involved. The nineteenth century training schools and

foster care movement to meet the mid-western demand for farm labor represent two examples. Second, some families may have disintegrated to the point where nothing remains to be built on. In these unfortunate cases, a family treatment focus may only result in further rejection and alienation of young people from their families. On the other hand, family oriented intervention strategies have considerable potential for Hispanic youth because their culture maintains a powerful reverence for the family unit.

For family involvement in delinquency prevention and intervention to be successful, some recommend that parents start by assuming greater responsibility for their families. For example, they should consistently teach their children the values, activities and aspirations essential to a meaningful and productive role in society. Parents should also take the time to strengthen their marriages. The love and concern between parents can help build self-esteem and self-worth in their children. In some ways, therefore, partnership can be even more important than parenthood.

Others, however, point out that families cannot do the job alone. While parents have primary responsibility for their children, other external forces may also be at work and have a bearing on child development and family integrity. At the socio-economic level, powerful stresses of modern society can undermine family stability and diminish youth opportunity. They include, for example, poverty, unemployment, inflation, and recession. Given these stresses and the dramatic changes that are occurring in family structures and women's working patterns, some parents may need support and reinforcement in fulfilling their family responsibilities. Still others may need help with problems such as preventing family violence or making day care arrangements.

At the community level, families are not the sole agents of socialization in community life. Children grow up in a community context where other important institutions - the school, religion, neighborhod, workplace, and peer group - also provide structure and purpose in the socialization process. Studies done by the Harvard Law School Center for Criminal Justice on reforms of the Department of Youth Services illustrate the importance of the community context. They found that DYS community-based programs often brought about substantial changes in the values, attitudes, and self-images of the youth served. But after leaving the programs, some became enmeshed again in problems at home, school, and peer group associations. Youth who lost the positive effects had insufficient supports for re-entry into their communities. However, those who succeeded had the necessary supports, such as special supervision and advocacy, for law-abiding community reintegration.

Continuing studies of youth relationships in their home communities further reflect this problem of lack of re-entry support. Definable failure tracks seem to exist where youth become progressively alienated from home, school, religion, and work. They spend their time in unsupervised peer groups on street corners, parks and other hangouts. Frequently, they are excluded from contacts with social service, educational, or recreational agencies. With little to relieve the ideleness and boredom, they turn to activities that are likely to cause disturbance or harm. They are seen as threatening and sources of disorder. And the police regularly break up their gatherings but lack the resources to solve the problem.

Because the problems of youth cannot be fully solved apart from the communities where they live, Massachusetts should enhance the role of families in delinquency prevention and intervention by revitalizing their community contexts. To move in this direction, all citizens should first recognize that the responsibility begins with themselves. Each community should create a closely-knit fabric of informal social controls within and between its primary social institutions. The fabric will help build a stronger sense of community identity for youth and adults and more collective action to increase the sense of community competence and order. In turn, clearer structure and purpose will be built into the socialization process.

To strengthen the community context, better communication and cooperation among the basic community institutions - families, schools, clergy, peer groups and neighborhoods, as well as courts, police departments, social service agencies, and local governments - will be essential. Together, they can work collaboratively to reduce and prevent delinquency. For example, families, schools and places of worship should assume, rather than abbrogate, collective responsibility for the moral development of children. Therefore, they should build strong linkages to provide the spiritual framework children need to cope with peer pressures and develop law-abiding values, aspirations and associations.

Community cooperation to prevent or treat delinquency can involve a broad range of joint ventures. For example, community service projects to clean parks, renovate urban areas, paint, or do after school tasks can provide a source of youth involvement in meaningful work and lead to a redefined status from them in the community. Such projects can also help create a more orderly neighborhood and a broader sense of communal identity and pride. Projects can be sponsored by local civic or business groups and supervised by other existing community institutions.

Additionally, community service projects can provide good opportunities for restitution by youthful offenders. Restitution seems to be an especially effective strategy for first-time offenders. And when it is tied to the family, school and place of worship, restitution is more likely to improve both the offender and the community than confinement. To be successful, restitution programs should require long enough terms for genuine attitudinal changes to occur. They should also teach responsibility for one's own actions and insist on personal interactions with victims.

Another way that communities can increase their ability to prevent delinquency is to have systematic means for identifying signs of trouble and acting effectively on them. Flexible early identification and response mechanisms can help communities contain problems before their alienating effects spread to other contexts. Crime can also be controlled by reducing the opportunities that invite crime. Better guardianship of persons and property at risk is one good way to limit criminogenic conditions.

In many instances, anti-crime patrols have proved effective. They can reduce crime opportunities and the fear of crime. But they can also identify problems that can be solved by collective action. Sometimes these actions simply displace crime to other areas. However, it appears that in the process considerable crime is eliminated by reducing temptations for youth who seek excitement.

A third type of measure communities can consider is the dispute resolution board. In cooperation with the court, police, and probation departments, it can provide a more satisfactory forum for dealing with many youth problems - problems that are often family problems. The Children's Hearing Project is one model for such community cooperation. The project provides an alternative means for resolving youth problems, many of which involve the whole family and would otherwise come before the courts. Through the program, disputes between children and their parents are mediated by trained community volunteers. But the families themselves actually resolve the conflicts based on mutual agreements.

In addition to cooperation, true community involvement in preventing and treating delinquency will require the commensurate local responsibility and authority. However, the present juvenile justice system propels the power and resources to a level of government that is far removed from the child's family, school and community. In fact, some believe that the current concentration of power and money in the Department of Youth Services (DYS) actually inhibits progress toward the goal of community responsibility.

Several other features of the current system act as disincentives to local responsibility. For one, many DYS facilities and programs, although physically located in a community, are not truly of the community. Second, the frequent use of DYS commitment as a fiscal device encourages abdication of local responsibility for children. In these cases, commitments to DYS are not made because judges, probation officers, or the Department think it is the best step to take. Rather, they occur because DYS has access to the necessary funds for placing youth in suitable programs.

Third, the definition of service seems to work against the creation of a community-based system. As a practical matter, "service" is defined as a unit of money expended by the state through a private provider, for the benefit of a client. But the definition reflects neither the needs of the client nor the goals of the Commonwealth. A broader understanding of "service" is needed where the financial and statutory structures of the system do not inhibit community responsibility for youth.

A fourth constraint is created by some of the regulations of the Rate Setting Commission. In part, they prohibit private providers from soliciting unrestricted gifts. The regulations not only induce exclusive reliance on state funds but also remove incentive for private philanthropy. Their net effect is to diminish community capacity for cooperative endeavors in treating the Bay State's troubled youth.

However, would communities accept the responsibility if it were given to them? Experiences in other states, including Texas, Missouri and Washington, demonstrates that local governments have successfully taken on the responsibility when the needed incentives and authority were provided.

Delinquency prevention and intervention strategies involving parents and communities should recognize the central role of the family. They should increase the collaboration among the primary agencies of socialization in community life to support families in fulfilling their responsibilities. And they should acknowledge the existing strength and dedication of many

families, schools, places of worship, and neighborhoods. Their caring and successful work, often in conjunction with other community institutions such as social service, juvenile justice, and law enforcement agencies, has already prevented a great deal of delinquency - the thousands of young people who never become delinquents. Together, these vital institutions represent a sound foundation for building community identity, competence, and order on behalf of children, youth and families.

Proposals

To strengthen and support family responsibility for troubled youth in the context of community life, Conference participants proposed that

1. **the Commonwealth alter the statutory and financial structures of the present juvenile justice system to encourage full community involvement and responsibility for treating delinquency problems within their jurisdictions.**

   Progress toward this goal will require that municipal and county governments have a statutory, financial, and structural role in a community-based juvenile justice system. The district courts should also be considered vital elements in restructuring the system. The role of the state should be limited to treating juvenile offenders with problems requiring services that are beyond the range available in individual communities. Additionally, Massachusetts should develop a broader, more useful definition of service and revise Rate Setting endeavors in treating delinquency.

2. **Massachusetts communities devise ways to strengthen communication between families, schools, and places of worship so that their training and socialization efforts become mutually reinforcing.**

3. **Massachusetts build stronger family counseling and support services.**

   These should include a wide range of support activities to increase the effectiveness of counseling and guidance assistance. Examples might be alcohol and drug referral programs, day care centers, homemaker services, family crisis hot lines, community dispute resolution boards, and volunteer counselors.

4. **Massachusetts establish a statewide youth volunteer movement to (a) have youth serve as models and examples, (b) teach service as a desirable activity rewarded by society, (c) instill a sense of youth belonging in communities, and (d) encourage communication and collective action among key community institutions.**

   a) The basis for this volunteer movement could be a youth task force responsible for designing standards for youth involve-

ment across the Commonwealth. Exemplary older youth could be teamed up with at-risk younger youth in settings where they would work together.

b) The news media should be actively encouraged to report the positive achievements and contributions of youth. Massachusetts should also encourage the Bay State's employers to recognize volunteer work as genuine work experience.

c) Local communities should initiate a broad range of community service projects for youth to foster their sense of communal identity and pride.

d) Community organizers could be used to help form volunteer associations to identify, manage, and supervise community service projects.

5. **each community create a flexible network of parents, representatives of other key institutions, and community volunteers for early identification and effective action on emerging youth problems.**

6. **the police and courts increase the use of restitution and community service projects for youthful offenders.**

7. **the courts increase the use of community volunteers in probation work, as a useful and effective adjunct to probation services.**

8. **neighborhoods and communities organize volunteer anti-crime patrols.**

Some steps that tenant and block organizations can take to control crime include: securing vacant buildings from vandalism; providing better street lighting and supervision of access places in buildings; and more police and volunteer patrols of high crime targets such as unsupervised parks and playgrounds.

9. **community agencies take and share the risks involved to their established programs in devising ways to overcome the alienation and isolation of street-corner youth groups.**

In the past, street workers moving out from settlement houses, places of worship, YMCAs and YWCAs, boys and girls clubs, recreation agencies, and even police and probation departments have proven effective in making contact and building reentry routes to helping and remedial services.

10. **Massachusetts promote a system of paid and unpaid practicums and apprenticeships for junior and senior high school students.**

Parents, schools, and community groups, working with local governments and businesses, can offer valuable work and learning experiences for youth, enhancing their sense of service and responsibility.

11. **the Commonwealth prevent delinquency by: encouraging more family-oriented television and radio programming; discouraging offensive advertising; enforcing strong laws restricting dissemination of pronographic materials; implementing a tax credit or voucher system enabling parents to choose the schools their children attend; and prohibiting secular humanism in public schools.**

12. **the Commonwealth create community dispute resolution boards throughout the state.**

After a few years of operation, the Children's Hearing Project should be evaluated and considered for statewide expansion.

13. **psychotherapists working with delinquent youth use more short-term and expressive therapy.**

14. **the Commonwealth encourage mothers to stay at home by lowering state and federal tax rates.**

VIOLENCE IN THE FAMILY: PREVENTION AND INTERVENTION STRATEGIES*

While the precise scope of the problem is still unknown, the data available reflect the alarming frequency of violence in the family. According to the American Humane Association, over one million cases of child abuse and neglect were reported in 1980 throughout the nation. In 1981, the Massachusetts Department of Social Services received more than 18,000 reports of child abuse and neglect. And the 1976 findings of Straus, Gelles, and Steinmetz suggest that about 1.8 million American women are victims of spouse abuse.[1] In Massachusetts alone, 52,000 women experienced domestic violence according to 1980 information compiled by the Federal Bureau of Investigation.

To summarize and synthesize the forum deliberations, this chapter first reviews some historical developments leading to present day concern with family violence. Then, it looks at contemporary practice and policy issues that limit the effectiveness of current prevention and intervention efforts. An alternative concept for guiding future prevention and intervention is also offered. Finally, specific proposals made during the course of the forum are highlighted as a basis for further thought and possible action.

From a historical perspective, the last twenty years of growing concern with family violence represent a renewed, rather than new, awareness of the problem. Indeed, "Gin Lane", the 1751 etching by the English artist William Hogarth, graphically depicts the ravages of alcoholism and unfortunate occurrence of child abuse. At least four visual metaphors can be therein identified: a drunken man running through tavern courtyards with a child impaled on a stake; an infant whose mother's body is being lowered into a coffin, dead presumably from the effects of alcoholism; a child tumbling from his mother's arms onto the sidewalk outside a tavern; and a mother pouring some kind of drink, probably alcohol, into her child's mouth.

Hogarth's eighteenth century work suggests that child abuse is an age-old problem rooted in social adversities. Alcoholism played an important role

*The forum panelists included: David Adams, M.Ed. - EMERGE: A Men's Counseling Service on Domestic Violence; James L. Bell, M.S.W. - Executive Director, Massachusetts Society for the Prevention of Cruelty to Children; Curdina Hill, M.P.H. - Executive Director, Casa Myrna Vasquez, Inc.; The Honorable Julian T. Houston - Juvenile Justice, Roxbury District Court; David M. Moran, J.D., M.P.A., Staff Sargeant, Massachusetts State Police; Eli H. Newberger, M.D., M.S. - Director, Family Development Study and Chief, Family Development Clinic, Children's Hospital Medical Center.

Then, just as it does in many cases today. The etching also seems to describe the misuse of alcohol as one condition that can compromise the ability of parents to protect their children.

During the nineteenth century, increasing concern for the welfare of children led to the creation of voluntary organizations dedicated to protecting them. At the time, these agencies represented a social response to the problem of immigrant children roaming the streets. Many were homeless because their parents had died. However, as reflected in the 1821 report of Josiah Quincy about conditions in the Boston Almshouse, communities were not only concerned with the wellbeing of poor children. They also worried about their potentially "polluting" effects on society.

> "Those who are poor and in infancy or childhood have a right to require from society a distinct attention and more scrupulous and precise supervision. Their career of existence is but just commenced. They may be rendered blessings or scourges to society. Their course may be happy or miserable, honorable or disgraceful, according to the specific provision made for their support and education. It follows that the charitable establishments of every wise and virtuous community ought to be such as to enable it to affect these interesting objects in the most perfect and satisfactory manner. The present condition of the Boston Almshouse precludes all possibility of extending that free air, exercise, and healthful labor and of obtaining that separation from the contamination of vicious language and example which is requisite and due to this class. Intimately connected with this topic is that of providing for those idle and vicious children of both sexes and different ages, which often under the commands and always with the permission of thoughtless and abandoned parents, are found begging in our streets or haunting in our wards and marketplaces, sometimes under the pretense of employment, and others for the purpose of watching for occasions to pilfer small articles, and thus beginning a system of petty stealing which terminates often in the jail, often in the penitentiary, and not seldom at the gallows."[2]

In a harsh indictment of poor children and their families, children were seen as victims of uncaring parents, "immoral" by virtue of their poverty. To some extent, these values persist today in social welfare policies that tend to blame poor families for their own problems and those of their children.

Almost 150 years later, the publication of "The Battered Child Syndrome"[3] prompted a rediscovery of child abuse and neglect as a significant problem requiring public attention. Why the "rediscovery" occurred in 1962 is not clear. Perhaps the civil rights movement of the decade accounted for some of the interest. Additionally, the 1960s were a period when the health status of children was improving nationwide. Many in the medical profession may have been searching for new areas to explore. The ensuing outcry resulted in promulgation by the Children's Bureau of model child abuse reporting statutes. By the mid-1960s, all states had enacted laws that required medical and other professionals to report diagnoses of child abuse to the appropriate state authorities.

By the close of the 1960s, the findings in Violence Against Children reflected the continued presence of historical biases against low-income families.[4] At the request of the Children's Bureau, Gil had compiled national data on reports of child abuse and neglect. He found that all the cases reported in 1967 and 1968 involved children from poor families. And he therefore concluded that child abuse and poverty were inextricably linked. However, his conclusion failed to recognize the tendency of professionals to report cases for poor, minority and socially marginal families in disproportionate numbers.

Unfortunately, discriminatory reporting practices continue to be a major problem in current efforts to prevent and treat child abuse. They obscure the reality that child abuse can occur in families from all socio-economic, racial or ethnic backgrounds. As a result, under-reporting only strengthens the myth that associates child abuse solely with poor, often minority, families. These practices have also limited the availability of accurate data about the real extent and nature of the problem. Although professionals readily report cases that occur in poor families, they are often reluctant when more affluent families are involved. Instead, such cases are frequently diagnosed as "accidents".

Additionally, discriminatory reporting has fortified the perception that seeking help with family violence problems carries a social stigma. The stigma can prevent many families from getting the help they might need to cope with crisis, conflict, or adversity and prevent or treat child abuse. Massachusetts has made progress toward removing the stigma. When the Department of Social Services was created, protective services were separated from public assistance. However, the primary focus is still on the problems of low income families. This emphasis only further divides the two-track system that families encounter when they do get help - a visible one for poor and minority families and another for more affluent families who remain protected from public scrutiny.

Current concern with child abuse has also begun to focus on child sexual abuse. It is a problem that requires much more understanding and attention than it has received in the past. In Sexually Victimized Children, Finklehor's findings suggest that child sexual abuse occurs far more frequently than has been known.[5] In his survey, students were confidentially asked about prior experiences where they may have been sexually victimized. And 19% of female and 11% of male students interviewed reported having had such childhood experiences. These cases are often complicated by family histories of child sexual abuse as well as society's basic ambivalence about sexuality. Effective treatment of sexually abused children and their families will therefore at least require greater awareness and sensitivity on the part of professionals and society at large.

For the elderly, unsystematic reporting and identification of elder abuse limits precise knowledge about the prevalence and dimensions of the problem. But clinical work with abused elders suggests that many are harmed in disputes over property or finances. Alcohol is also often involved. Additionally, family histories of domestic violence frequently characterize cases of elder abuse.

Current concern with elder abuse includes a debate on the advantages and disadvantages of mandated reporting. Proponents argue that such a system would lead to more accurate data and a universal response system. Opponents, however, contend that it would result in selective reporting of cases. They also fear that the limited protective services now available would be unable to handle adequately the many case reports that would be made.

For women, spouse abuse has become recognized as an unfortunately frequent phenomenon in contemporary family life. As reported in Behind Closed Doors, Straus, Gelles, and Steinmetz found that 12% of husbands surveyed had carried out a violent act against their wives.[1] Additionally, 3.8% of the wives reported having been kicked, beaten, punched, hit with an object, or threatened with a weapon by their husbands. Just as appalling, however, were similar reports made when respondents were asked about spouse abuse in the other direction - wives against husbands.

Economic dependence on husbands seems to make women more vulnerable to domestic violence than men. Financially locked into destructive relationships, many find themselves with no other alternatives. For some, the consequences can even prove fatal. Women killed in their own homes by their partners account for more than 60% of female homicides in Massachusetts. In fact, while public concern focuses on crime in the streets, women have a greater chance of becoming victims of violence in their own homes.

Moreover, the occurrence of spouse abuse appears to be correlated with the increased likelihood of child abuse. For example, Straus, Gelles, and Steinmetz found that women who were victims of abuse were 150% more likely to use violence with their children than non-victims.

Although M.G.L. c. 209A has improved police response to reports of domestic violence, several problems limit its potential effectiveness. One problem is inconsistent court enforcement of the statute's provisions. Many believe that enforcement could improve if court clerks and judges received more training about the problem and the intent of the law. Another problem some point to is the inability of police officers to make arrests, if necessary, when they arrive at the scene of a domestic violence complaint. They suggest that the law be changed to allow police officers to make arrests under these circumstances. A third problem is the need for greater collaboration and joint initiatives between law enforcement and social service agencies.

Sometimes the only option abused women have is to leave their spouses. But the decision is not one they make easily. It comes, not after being hit once or twice, but after years of beatings, threats, and pleas for husbands to seek help. However, leaving is not a viable alternative if women do not have access to the social and financial supports they need to re-establish meaningful lives for themselves and their children.

After years of economic dependence on husbands and raising their families, women victimized by domestic violence will need access to some basic supports. They include job training, educational opportunities, quality child care, and affordable housing. Public assistance, in the form of Aid to Families with Dependent Children and food stamps, may also become a temporary necessity as these women struggle to gain economic independence.

The availability of alternatives can benefit not only the women who have endured domestic violence but the men who have abused them. Often the motivation for men to obtain help follows the ability of their wives to leave, protect themselves, and no longer tolerate the abuse. When men get the right kind of help, they can change their attitudes and behaviors and refrain from abusing their wives in the future.

For all forms of family violence, current concern with improved clinical practice has also focused on the ability of professionals to deal with their own feelings of sadness and rage. Sometimes, they become consumed with anger at parents but find it difficult to acknowledge their personal feelings, given the professional nature of their responsibilities. The difficulty can interfere with their attending to the complexity of these cases and the effectiveness of their intervention. Additionally, some of these angry feelings can be translated into conflicts between professionals who work with families. Unfortunately, such conflicts only limit the prospects for useful collaboration among colleagues.

Some suggest that the source of the sadness and rage felt by professionals and the general public can be found in prevailing conceptions of family violence. It is often narrowly construed as a condition where family members systematically and intentionally set out to harm others. Indeed, the terms typically used to describe the problem - battered child syndrome, child abuse, child neglect, child maltreatment, battered wife syndrome, spouse abuse, elder abuse - all seem to suggest organized desires on the part of one family member to harm or withhold care from another.

According to some professionals, these terms and their underlying view of family violence are simplistic characterizations of complex problems. They believe that for the most part abusive parents do not want to harm their children; abusive spouses do not want to hurt their partners; and abusive relatives do not want to injure their elderly family members. Tragically, however, people can make their loved ones the unwitting victims of frustration and despondence with the powerful stresses of modern society. Sometimes, problems such as unemployment, insufficient income, inadequate housing, alcoholism, and ill health overwhelm their coping and functioning capacities.

Additionally, many see the problem of violence against women as being rooted in the institutionalized devaluation of women in society. For example, when they work with men who have abused their partners, some professional counselors have found a significant relationship between attitudinal devaluation and physical abuse of women. But negative, often violent, portrayals of women and their capabilities abound. Media advertising and programming continue to depict demeaning and violent images of women and girls.

Given the complexity of family violence, some propose a more useful and humane conception of the symptoms of severe family conflicts as a guide for future prevention and intervention. It rests on the ability of parents to protect their children, of husbands and wives to protect their spouses, of relatives to protect their elders. It recognizes that the problems of family violence do not occur in a vacuum. That is, the ability to protect family members can be compromised by the powerful stresses of modern society experienced in daily family life.

It also acknowledges that the potential for violence lies within each individual. The potential can be activated not only by the stressful exigencies of contemporary society but by the social institutions that hold out violence as the preferred method of resolving human conflicts. For example, television programming and films frequently reinforce acceptance of violence as the predominant means of solving problems. Similarly, the nation's present spending priority on defense over human needs signals a preference for violence instead of caring. In short, the proposed conception views violence in the family as a social problem that requires effective intervention and broadbased prevention.

The goal therefore of future intervention and prevention strategies should be to preserve family life by strengthening the ability of families to protect and nurture their members. To achieve this goal, a comprehensive approach should include three equally important but different types of measures: primary prevention, secondary prevention, and intervention. The first should be designed to revitalize mutual responsibility and caring by all individuals for each other. At this level, initiatives should include public information, community education, and volunteer activities. The purpose of these efforts should be to strengthen traditional values and impart non-violent ways of resolving human conflicts.

Secondary prevention should specifically address the problems of violence in the home. It should provide specialized education and support services for families. Above all, secondary intervention strategies should strive to remove the stigma attached to seeking help with family problems. They should therefore promote greater acceptance of professional help when it is needed to alleviate family stress, crisis, and conflict. Their, intervention strategies should strengthen the emergency response and treatment capacity of the Commonwealth in meeting the needs of children, youth and families where violence in the home occurs.

However, many believe that none of these measures will be effective unless a sufficient investment in family support services is made. The coordinated provision of adequate and appropriate services that keep families together can make a big difference. But in their absence, family disintegration often becomes the sole alternative when children are legally removed from their families and women leave their homes.

To date, the growing problem of violence in the home has not been accompanied by a commensurate increase in the supportive services that many families need. For example, the courts - where the results of family violence are seen daily - lack the personnel and programs that can help ease both its causes and consequences. Some view this discrepancy as a fundamental inconsistency between the promise of social policies and the effects of actual actions: between a commitment to strenthening families and a proposal for level funding that means less day care for the children of poor families; between concern for child welfare and a juvenile justice proposal for more secure facilities rather than treatment for troubled youth; between a priority of family wellbeing and cutbacks in such family-life sustaining programs as school lunches, food stamps, and Medicaid.

5. **make available emergency homemaker services to families in crisis.**

6. **make available health and mental health care diagnosis and treatment to all citizens.**

   Ill and handicapped persons appear to be more vulnerable to all forms of family violence.

7. **empower women and acknowledge how extensively sexual dominance and subserviance ramify in both the abuse of women and children and in the professional settings where male-dominated, symptom-oriented professions** (e.g., medicine and law) **hold sway over female-dominated professions** (e.g., social work, nursing, and child care).

8. **remove the stigma attached to obtaining help with family problems.**

   One way would be to abandon the value-laden nomenclature of "battered child syndrome", "child abuse" and "child neglect", "spouse abuse", and "elder abuse" in favor of broader, more humane conceptions of the symptoms of severe family conflicts.

9. **encourage public and private sector employers to provide day care facilities to help ease the work-family conflict for working parents.**

10. **ensure that the courts, where the results of family violence are seen on a daily basis, have sufficient numbers of trained personnel to offer preventive services and make appropriate referrals to existing community resources.**

    For example, 15% to 20% of young people charged with delinquency offenses are parents or expectant parents. Therefore, teenage parenting programs as adjuncts to juvenile court could be especially useful. There are model programs that teach such teenagers the rudiments of child development and help them develop constructive, understanding parenting roles.

    Similarly, health screening programs could require all youth with court involvement to have a complete physical exam prior to final disposition of their cases. These programs can increase access to health care essential for preventing and treating child abuse. The programs can also provide follow up services to ensure that appropriate treatment is received.

C. **Intervention Initiatives**

Conference participants identified a series of proposals to strengthen Massachusetts' emergency response capacity. Implementation of some will involve improving current practices. Others, however, represent new initiatives. Suggestions were made to:

1. **establish a family violence response team consisting of a social worker, trained police officer, and nurse practitioner or physician's assistant, in each Massachusetts city or town with a population of over 5,000.**

   For rural areas, teams could be established in conjuction with local state police barracks. In all cases, team members could be paid on an hourly basis only for actual time involved.

2. **increase training for social workers in the areas of family violence prevention and intervention.**

3. **encourage greater cooperation between social service and criminal justice agencies in addressing the problems of family violence.**

   Social workers and police officers should view each other as willing and available resources. A statewide training effort on how to work effectively and cooperatively on family violence cases could promote increased collaboration.

4. **maintain and increase state funding for advocacy, support, and shelter services to battered women and their children.**

   As recommended by the Governor's Special Commission on Probate and Family Court Procedures, a surcharge on marriage license fees could generate additional financial resources for increased services to battered women and their children.

5. **for all child abuse cases, maintain the accountability of the Department of Social Services for coordinating regular periodic review of treatment plans to ensure that needs are being met and make modifications, as necessary.**

6. **encourage the development of a nationwide registry of abusive parents for tracking and follow-up purposes to protect children at risk.**

7. **conduct a statewide survey to determine the actual extent of family violence in the Commonwealth, as recommended by the**

Governor's Special Commission on Probate and Family Court Procedures.

8. modify Massachusetts rules of evidence to allow prosecutors to introduce evidence of past family violence behavior in child abuse cases.

9. amend M.G.L. c. 209A, sec. 6 to allow police officers to make an arrest, if necessary, upon arrival at a home where a family violence complaint has been made.

10. increase training for court clerks and judges regarding M.G.L. c. 209A and its enforcement.

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THE IMPACT OF DEINSTITUTIONALIZATION ON THE FAMILY*

Although considerable progress has been made, Massachusetts continues to debate the success of community treatment. Some suggest that the debate has been fueled largely by the growing visibility of chronically mentally ill persons. In recent years, many more appear to be leading lives of quiet and homeless desparation. Their greater public visibility may in fact have given impetus to calls for reinstitutionalization. And as the term is more frequently used, the intensity of the debate appears to gather momentum.

Much of the debate seems to center on whether there are enough community services available. The sheer scope of the need suggests that insufficient community resources exist. Based on a 1977 review of epidemiologic evidence, the President's Commission on Mental Health and Mental Illness found that, in any one year, about 15% of the population has some diagnosable mental illness. Nationwide, they number close to 30 million. About 5% or 1.5 million of them have a seriously disabling chronic mental illness. However, less than 10% of the chronically mentally ill live in public institutions. And only about one-third receive public assistance in the form of income maintenance, Medicaid, or residential services.

The demand for community mental health services also comes from those who do not have a diagnosable mental illness. Some estimate that they include nearly 170 million persons - or about half of those without a diagnosable mental illness. They nevertheless suffer from such symptoms as anxiety, stress and insomnia. To obtain help, they often turn to community mental health facilities.

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*The forum panelists included: Gunnar Dybwad, Ph.D., J.D. - Professor Emeritus, Heller School, Brandeis University; Thomas P. Hackett, M.D. - Chief of Psychiatry, Massachusetts General Hospital and Professor of Psychiatry, Harvard Medical School; Dalene Henshaw, M.P.A. - Director Erich Lindemann Mental Health Center and Harbor Area Mental Health and Retardation Programs, Massachusetts Department of Mental Health; Gerald L. Klerman, M.D. - Director, Stanley Cobb Psychiatric Research Laboratories, Massachusetts General Hospital and Professor of Psychiatry, Harvard Medical School; Steven J. Schwartz, Esq. - Director, Mental Patients Advocacy Project, Western Massachusetts Legal Services.

One reason for the discrepancy between supply and demand is that the growth of community services has not kept pace with the rate of clients discharged. To some extent, financial resources for community treatment have been limited by the continued investment in state institutions. In fact, despite substantial census reductions, the number of state hospitals has remained fairly stable while their budgets have steadily grown.

A brief review of historical census trends and institution closings sheds some light on this phenomenon. From 1900 to the 1950's, the number of patients in public mental hospitals across the nation increased about 10% every ten years. But, the number peaked in 1955 at close to 600,000. At the time, two factors contributed to the treatment of more and more persons in outpatient settings. First, the year 1955 marked the introduction of new drugs including the anti-psychotics. Second, dramatic changes in public attitudes were beginning to take place with the first of the lawsuits and changes in legislation. Since the 1950s, the census declined markedly to 200,000 in 1975 and 120,000 in 1980.

However, transinstitutionalization accounted for about one-third of the decrease. Moving the elderly out of public mental hospitals and into nursing homes became economically "advantageous" when Medicaid was created in the 1960s. In fact, as of 1980, the nation's nursing home population included about 700,000 individuals with psychiatric diagnoses, mostly senile dementia but also chronic alcoholism and mental illness. The state hospital census decline is therefore not an accurate measure of the rate of deinstitutionalization because increases have occurred in other institutional settings.

Despite the dramatic census decreases, only about two dozen state hospitals have actually closed. Two states alone - Massachusetts and California - account for 50% of these hospital closings. As a result, approximately 500 state institutions for the mentally ill have remained in existence. They also control most of the funds spent on mental health services even though the majority of all clients served live in their own communities. In New York, for example, the state hospital census dropped from a peak of 100,000 in 1955 to less than 20,000. But the state's ten institutions still control 70%, or $700 million, of the budget of the New York Department of Mental Hygiene. For Massachusetts, the corresponding proportion is approximately 50%.

In places where the number of community facilities has increased, other problems have arisen because many have not made deinstitutionalized persons a priority. For example, community mental health centers were created in the 1960s as alternatives to state hospitals. However, they became involved with many other problems of a social nature: family crises, adolescence, less severe mental illness, situational crises caused by death or divorce. Although they are legitimate needs, community programs may have inadvertently focused on them at the expense of addressing those of the chronically mentally ill.

When coupled with the limited housing stock available, this trend may account for the greater visibility of chronically mentally ill persons in public places. The conversion of affordable single-room occupancies and co-op apartments to luxury condominiums has forced many into the streets. No longer able to afford the housing available, they have become the homeless street people and "bag ladies". They commit no crimes. But they do not smell "right"

and they "offend" the sociabilities of the community.

Views about the implications of their greater visibility vary widely. Some consider the increase a growth in the actual number of chronically mentally ill persons in the community. Others, however, see it as an apparent increase only. Most of them have always lead a marginal social existence; now, they have also become visible to the public eye.

The debate also reflects the divided views about the efficacy of community treatment. Some believe that community services do not have the capacity to meet the needs of all mentally ill and mentally retarded persons. In this view, certain illnesses or disabilities do not lend themselves to treatment in the community but require treatment in an institutional setting. They therefore question whether community facilities can provide the intensity of care, treatment, and supervision that some need.

Others, however, find that most new programs developed in the community are not designed for those with the most severe handicaps. They also point out that neither the handicap nor technology changes just because someone received needed treatment in an institutional rather than community facility. Furthermore, they suggest that the potential success of community treatment is not limited by the nature of the handicap, the state-of-the-art technology, or even the costs. Rather, it is limited by fear of - and resistance to - the unknown.

In fact, community acceptance - or lack thereof - represents yet another source of the current debate. Some maintain that the basic problem is not only who can be effectively treated in the community but what communities can be safely integrated with mentally ill or mentally retarded citizens. Unfortunately, many communities still have not accepted the principles of community based services, let alone their handicapped members. Among the objections frequently cited is concern that property values will be adversely affected by their presence. But study after study documents that this does not occur. Neighborhoods also fear the actual presence of mentally ill or mentally retarded persons. Little do they know, for example, that many mentally retarded citizens already live in the community.

To fulfill its commitment to deinstitutionalization, Massachusetts will have to take positive steps to overcome community resistance. At a minimum, however, the state should avoid intensifying the furor. For example, in 1981, one particular community vociferously opposed the establishment of a group home in its midst. The Commonwealth responded by granting special political dispensation from civic accountability. Such public actions by a state government, especially one that actively pursues a course of deinstitutionalization, unnecessarily fuel the debate about the limits of community service.

Not surprisingly, few debate the limits of institutions. In fact, some professionals maintain that some institutions can provide good treatment. Others, however, believe that the very nature of most state institutions - their isolation, size, organization, buildings, wards, and attitudes - signal that the residents are unwanted. There, care is often provided by underpaid, overworked and untrained ward staff. Residents can be subject to neglect and sometimes brutality. And even in the most carefully monitored hospitals, the

staff to patient ratio does not allow them to receive proper or individual care, treatment and supervision. While less disabled residents may receive some attention, most of the activities of daily living take place in "herds".

But the cost of institutional treatment, especially when compared to that of community services, has become a focal point of the debate. In 1978, the average annual per person cost of care in a state hospital was estimated to be $40,000. By contrast, the cost of maintaining a chronically mentally ill person in the community (including income transfers) was estimated to be an average of $10,000 per year.

Several factors seem to account for the higher costs of institutional care and treatement. For one, most of the expenses incurred do not represent the direct costs of actual patient care. Rather, they result from fixed costs of maintaining non-clinical staff and physical plants. The dilapidated condition of many state facilities requires constant infusions of money to maintain accreditation and reimbursement standards. Because many of these buildings are literally beyond repair, some consider the millions annually spent on them a waste of limited resources.

Second, the costs of operating state institutions also include the hidden financial and political costs of not closing them. Most communities where these facilities are located depend financially on their presence. For example, many local residents work there while local merchants sell them their food and other staples. Communities therefore view the closing of a state institution as a threat to their economy and may enlist the aid of legislators to prevent this from happening. Additionally, organized labor regards the closing of an institution as a threat to the employment security of its members. Consequently, the political power that public employee unions can wield represents another force for institutionalization.

Because of limited data and knowledge, the effects on families of the issues raised by the debate remain unclear. For example, what is the effect on families of having formerly institutionalized persons in their neighborhoods? Fear of the unknown and people who look "different" can create disquiet. But fears about forbidding isolated institutions can foster similar community unease. What happens to children when an emotionally disturbed parent returns home still partially symptomatic and confused? Little is yet known about the impact of such situations. But some people argue that periods of hospitalization are sometimes too short and patients released before they are ready.

In fact, some think that the deinstitutionalization movement has actually created additional hardships for families. For example, state facility closings or stringent admission standards have closed off institutional treatment options for many. And when a relative becomes overtly psychotic, suicidal or threatening, families might have no place to turn for help. According to their view, Massachusetts should consider the rights of families not to live with their mentally ill members. Despite improved treatment modalities, some of them can represent a financial and emotional drain on their families. Perhaps, some families would do better without this responsibility.

On the other hand, deinstitutionalization has brought greater recognition of the importance of family involvement in clinical, habilitation, and rehabilitation decisions. Until recently, family members were "written off"

as people who had placed their relatives in institutions and forgetten about them. Now, professionals are beginning to bring families back into the lives of their members whenever possible and help them become crucial to the service planning and delivery processes. Further progress will require a great deal of sensitivity to the needs of parents themselves, especially those who were once told that their children could never live in the community.

Deinstitutionalization has also touched the political lives of families. In many ways it has impelled them to create political constituencies for their mentally ill or mentally retarded members. For example, the parents of mentally retarded persons now constitute a powerful political force. After years of feeling guilty or neglected, they found that by joining forces they could help each other and all mentally retarded citizens. However, this has yet to occur in mental health. Some view the patients' rights movements as seriously weakened by the lack of any political constituency for the chronically mentally ill.

Unfortunately, the intensity of the debate obscures the fact that some community programs can be effective given proper support. For example, one program in Western Massachusetts has had extraordinary success with twelve elderly persons. On the average, each of them had spent 30 years in a state hospital. Yet not one person has had to leave the program to return to a state institution. Another program for twelve multiply handicapped, mentally retarded individuals has had similar success. Previously, each of them had been institutionalized, some since birth. Now, they lead productive, satisfying lives in the community. Additionally, community mental health centers provide an array of inpatient and outpatient services that enable many to re-enter or remain in their communities. But according to some professionals these positive outcomes should be measured and seriously weighed against their costs.

However, federal funding reductions and state level funding may seriously impair the potential efficacy of community treatment. When collective bargaining and inflationary increases are included, level funding actually means fewer state funds. With less funding to meet the same level of need, community facilities will be hard pressed to meet all needs. Instead, they will probably have to choose among competing but equally critical priorities. For example, fiscal restraint will only increase the historical competition for limited community services between mentally retarded citizens who have been institutionalized and those who have always lived with their families.

The competition for limited resources will manifest itself in other ways as well. Community mental health centers, for example, may have to "choose" between ending outpatient therapy for a large number of children or emergency shelter and apartment programs serving a small number. The former prevents many from needing hospitalization; the latter reduces the risks for a small but high-risk adolescent population. Regardless of the decision made, the result will adversely affect the wellbeing of children. If the shelter and apartment programs are eliminated, the risks to an already high risk group of youth will increase. Eventually, they may even need more costly services from other state agencies, such as the Departments of Youth Services and Social Services. On the other hand, if the outpatient services are terminated, the chances of admission to inpatient units will increase.

Still another example dramatically illustrates the basic dilemma inherent in this competition. Some community mental health centers have staffing shortages that endanger the safety and life of those who work on inpatient units. When faced with this problem, an admistrator will most likely eliminate outpatient programs to ensure that the inpatient unit has enough staff. But this decision may in turn increase the chances of inpatient or hospital admission for those who no longer receive the outpatient services that were terminated! This potential outcome does however highlight the very essence of community-based programs: preventing the need for institutionalization. The question therefore arises whether an effective community program that has proper support can ever be considered expendable.

The competititon for scarce resources however seems one-sided. That is, the effects of budget cuts and level funding appear to fall more heavily on community than instituional facilities. Perhaps this apparent trend has resulted from the continuing debate about how effective community treatment can ever be. Indeed, as the resources for community programs shrink compared to those for institutions, the successes of deinstitutionalization become more obscure while its "failures" become more visible. And the calls for reinstitutionalization seem to grow louder.

However, some believe that the financial costs of institutional care far exceed those of community treatment. They do not think that the Commonwealth will realize any cost savings from reinstitutionalization. Moreover, they point out that the state cannot even begin to calculate the human costs incurred.

As Massachusetts goes further into the 1980s, it will have to carefully delineate its deinstitutionalization policies. But if the state is to make an unwavering commitment to deinstitutionalization, three crucial acknowledgements will have to be made. First, mental health and mental retardation services cost money regardless of the setting where they are available. Second, decades of unnecessary institutionalization have wasted countless human lives. Third, community treatment will only be as successful as community acceptance and financial backing allow it to be. If Massachusetts truly values the state's human resources, no alternative exists but a sufficient investment of financial resources.

Proposals

In the context of deinstitutionalization, meeting the needs of mentally ill and mentally retarded citizens involves not only the process of leaving state institutions but also that of avoiding them altogether. The availability of sufficient and suitable community supports is essential to achieving both goals. The needed supports should include resources that support and strengthen families as well as substitute care, treatment, training and supervision as appropriate. To help Massachusetts continue moving in this direction, Conference participants proposed that the state:

1. **establish a comprehensive community system of mental health and mental retardation services, in accordance with the existing statute governing the Department of Mental Health.**

No citizen should be institutionalized because less restrictive care is not available. Furthermore, violent and dangerous patients should be confined and receive treatment in secure settings that would ensure careful assessment of progress to guarantee, in so far as possible, their safety in the community before discharge is allowed.

2. **implement the recommendations of the Blue Ribbon Commission on the Future of Public Inpatient Care.**

PERMANENT PLANNING FOR FOSTER CHILDREN: ISSUES FOR CHILD WELFARE PRACTICE IN MASSACHUSETTS*

In 1930, the White House Conference on Children set forth a Bill of Rights that included the right of every child to a permanent home. Today, family and child welfare practitioners approach this fundamental right by working to assure permanent homes for children with their own families whenever possible. Traditionally, however, this right has been generally guaranteed through adoption. Agencies have historically been more supportive of out-of-home arrangements than measures to strengthen families and preserve parent-child relationships.

As a result, many children were unnecessarily removed from their own families. Now, some of them live in institutions or move from one foster home to another. Other children could have returned to their own families years ago. Yet they remain in the care of the state. Still others are ready to move permanently into appropriate and legally sanctioned alternative homes. But because the rights of their biological parents have for some reason not yet been terminated, they continue to stay in the custody of the state.

The past failure to distinguish between the guarantee of a permanent home and its assurance with a child's own family whenever possible perhaps reflects the fact that professionals have only recently begun to define permanency planning. The following definition was offered as a sound starting point:

> Permanency planning is a process predicated on the belief that care without continuity is detrimental to children. Therefore, it

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*The forum panelists included: Elizabeth Cole, M.S.W., A.C.S.W. - Director, Permanent Families for Children Unit, Child Welfare League of America; Mary Jane England, M.D. - Commissioner, Massachusetts Department of Social Services; Barbara Harrell - Executive Director, Roxbury Children's Service; Mrs. Theresa J. Morse - President, Family Service Association of Greater Boston; Christopher F. Small - Director of Professional Services, Italian Home for Children; Jeremy A. Stahlin, Esq. - Stahlin and Bergstresser, Inc. and staff attorney, Boston Children's Service Association. The specific concerns raised reflect the points discussed by the forum panelists and audience participants.

> is a process that attempts to provide for every child parenting that is rooted in a relationship that is sustained, reciprocal, and sanctioned by birth ties, or, when that is not possible, by the most legally secure alternative.

As a working definition, it will probably undergo further refinement and clarification. For example, family and child welfare professionals differ in their definitions of such terms as "sanctioned by blood ties", "relationship", and "when that is not possible".

Massachusetts has already made considerable progress toward fulfilling the promises implicit in this definition. In 1978, the state created the Department of Social Services as the primary public agency responsibile for child and family welfare. Two years later, it became operational in July, 1980. The Department has made permanency planning its basic policy for all children. Its fundamental goal is to support and strengthen family life and, when necessary, protect children from abuse and neglect.

The Department of Social Services (DSS) also believes that qualified staff are essential to sound permanency planning. Because the work involved can be so complex and demanding, the agency recognizes the importance of having well qualified staff. It therefore remains committed to providing adequate salaries and work environments to maintain the quality of DSS personnel.

By applying permanency planning principles and case management practices, the Department of Social Services has begun to work toward a steady reduction in substitute care caseloads. For example, between July, 1980 and November, 1981, substitute care caseloads decreased from over 10,000 to 9,500. As the Department continues permanency planning for all children in state care, it strives to ensure that each child has a plan for a permanent family. Every effort is made to strengthen their families by providing needed support services and therefore enable children to return home. If this does not seem possible, the Department moves to terminate parental rights on a voluntary basis whenever possible or through court action.

Despite the progress made, several issues still need to be addressed. One is the need to re-examine the assumption that skin color alone endows knowledge of black culture and history. Certainly, life experiences have qualified black social workers to address the problems faced by black families and their children. But black staff can also assist white workers gain an understanding of and appreciation for the life styles, experiences, and cultural patterns of black people.

Some content should therefore be developed around frequently raised questions about black practice and the values all workers need to understand to improve their work with black families. For example, family and child welfare professionals need to understand that black culture does permit the best interest of the child - even if this sometimes means substitute care or alternative families. Additionally, they should develop more realistic expectations for the role of extended families in providing permanent homes. Standards for care by extended family members should always rest on the best interest of the child.

Another basic issue is the length of time available for successful permanency planning. It is often either too long or too short. On the one hand, insufficient time may be available because inflexible policies set time limits on working with families. As a result, workers sometimes struggle to prevent a child from going home too early when the potential for abuse is not yet gone. In other cases, they try to gain more time to work with a family where the potential for reintegration still exists. Clearly, family and child welfare professionals need to have the flexibility essential for careful determinations of what is in the best interest of each child.

On the other hand, time delays can occur. Sometimes they are caused by difficulties in finding suitable alternative homes for children who need them. Massachusetts has found the recruitment of appropriate adoptive parents especially problematic. Many potential adoptive parents are interested in children under the age of five. But the average age of Massachusetts children who require adoption is eleven. And more than half the children in state care are over thirteen years of age.

Frequently, time delays result from legal considerations. The complexity of the legal system through which permanent planning cases must wend can produce lengthy delays. In Massachusetts, permanency planning can involve three different types of courts - the district, juvenile, and probate courts. When parents do not voluntarily surrender custody, it can be sought through three different types of legal action. In the district or juvenile courts, a care and protection action (C&P) can be brought. In the probate courts, either a guardianship or "23C" custody action can be initiated.

Custoday however does not free a child for adoption. If parents are unwilling or unable to free their child for adoption, still another action, commonly known as a "210", must be filed in the probate courts. And the process becomes even further complicated. Although custody can be sought via the district or juvenile courts, only a probate court can legally free children for adoption over the objection of parents. A recent administrative ruling now allows one judge to simultaneously hear a C&P with a "210" consent to adopt action, even though the actions were brought in two different courts.

The type of legal action selected can play a significant role in the length of time it takes to free a child for adoption. For example, after a C&P action is brought in district or juvenile court, and independent social worker conducts an initial investigation of the case. If the parties cannot work out an agreement, a trial ensues. The court then decides whether or not the child needs care and protection. If it decides that the child does need this, the court must also make dispositional orders that may include additional social services. When social services have not helped resolve the family problem and the child cannot return home, the ultimate disposition may become awarding custody to the Department of Social Services.

After the court makes a final disposition, the losing party can appeal it to the Appeals Court or Supreme Judicial Court. An appeal does not lead to a new trial but written briefs and oral arguments about any legal mistakes made in the previous trial. In general, the courts will expedite appeal hearings involving child welfare cases. Nevertheless, it is rare that an appeal reaches completion in less than one year.

The time delays that result from legal considerations also contribute to the tensions between attorneys and social workers. The tensions frequently arise because the two professionals disagree about the timeliness of case management decisions made during the course of legal proceedings. At times, concern with due process and accumulation of legal evidence may compromise the speed with which permanency planning decisions are made. These delays only add to the uncertainty in the lives of children and their families. And although work with the legal system is essential in permanency planning, legal considerations should not override sound case management and policy development. To resolve the tension, Massachusetts should ensure an appropriate balance between the rightful tasks, activities and decision making areas that belong respectively to social workers and attorneys.

As Massachusetts resolves these basic problems, it should be guided by the elements which some consider crucial to any successful permanency planning system. A brief review of these elements highlights the myriad of issues Massachusetts should address along the way.

1. Services to Biological Parents - Before, During and After Placement. The essential services should include homemaker, 24-hour emergency, counseling, and respite care services. They should be available to families at every stage of the process: before, to strengthen families and prevent the need for removing children from their homes; during, as a support to parents in an often trying time; and after, to preserve family integrity and enable children to remain in their own homes.

2. Public Information. Information about access to the help and support available should be widely publicized. Specific strategies for disseminating information should include ways of making services more accessible to many poor families who do not have telephones.

3. Administrative Elements.

a) Statement of Purpose. Although many agencies have written descriptions of their services, they have not developed a statement of goals for supporting and strengthening families.

b) Case Management. Traditionally, public agencies have thought it important for their staff to be therapists rather than case managers. Many, however, believe that case management is a more realistic and effective role for workers in public agencies. The case management system itself should include procedures - and a sufficient number of qualified staff to carry them out - for case recording, goal setting, contracting, and timely case reviews.

c) Systems Management should include

- an inventory of all clients. Agencies should have methods to collect and maintain accurate and up-to-date information about every client.

-quality control, program audits, and evaluation. Agencies should have the capacity to monitor the quantity of services provided and evaluate their quality. Program evaluation is especially important for ensuring that services actually meet clients' needs.

-methods of identifying children in other systems. Children in the care of other state agencies are often overlooked by family and child welfare agencies. However, many of them, especially mentally ill and mentally retarded children living in institutions, may need permanent families. Permanency planning for these children represents a major challenge for the 1980s.

-adequately prepared and selected foster parents.

-staff training.

4. Adoption Program. Agencies should have an adoption program that can serve all children who need an adoptive family, not just infants and other readily "placeable" children. To be effective, an adoption program should include a strong subsidy component. Additionally, it should use a purchase of service system that provides full reimbursement for the actual costs incurred.

5. Adequate Legal Serices. Agencies should have access to a sufficient number of attorneys who are trained in and knowledgeable about permanency planning and child and family welfare. In addition, agency social workers should understand legal requirements and know how to use the legal system.

6. Adequate Statutory Base. Each state should ensure that existing statutes do not impede the effectiveness of permanency planning practices. The American Bar Association has designed an assessment tool to help states evaluate the adequacy of their legal bases.

7. External Advocacy. Advocates who are outside of the public family and child welfare system can provide important support for permanency planning principles, practices, and resources.

8. Adequate Family Supports. The vast majority of children involved with the child welfare system come from poor families. In fact, poverty is the root problem for most of these families. Therefore, no permanency planning system can ever hope to be effective unless families have access to adequate income, housing, and health services.

9. External Review. Some suggest that permanency planning should also be subject to external review. Others, however, believe that consistent and continuous internal monitoring by public agencies can be just as effective.

10. Adequate Financial Resources. Although adequate funding is essential for a successful permanency planning system, family and child welfare agencies have always been underfunded. Historically low funding levels are now becoming even more inadequate as fiscal restraint by federal and state governments cuts into existing resources. At the same time, however, the need for

services continues to grow. For example, the number of reports of child abuse and neglect has increased but the services available are already being fully used. To fulfill the commitment of permanency planning for its children, Massachusetts will have to make the necessary financial investment in its permanency planning system.

But even with all essential components in place, Massachusetts will have to guard against several unintended consequences of progress in permanency planning. First, in the name of keeping families together, harm may come to some children who should have been - but were not - removed from their homes. Other children may return home before the potential for abuse has been eliminated.

This potential problem points to the crucial need for balance between protecting the child and preserving the family. Some suggest that it reflects the lack of commonly held standards about making such critical decisions. However, no one set of standards could ever account for the diversity and complexity of each situation. And adherence to one set could result in mechanistic use of checklists and prohibit assessment of each family's unique circumstances. Massachusetts should therefore strive for a viable balance between uniformity of standards and flexibility of judgment.

Second, unconstructive criticisms of foster care and residential treatment may lead to a "backlash" for permanency planning. Although legitimate, the criticisms might be misinterpreted. Some may take them to mean that <u>all</u> foster care and residential treatment is harmful, unnecessary, or too costly and therefore should be eliminated. Subsequently, funds for these services may be drastically reduced. But funding cuts may represent the reverse of what the criticisms were designed to accomplish: improved foster care and residential treatment.

Third, a backlash danger could result from the principle that, once children return home, their families should be as free as possible from agency interference. Already, some have taken this one step further. They equate the right to privacy with families not needing any support services to ensure the continued safety and wellbeing of their children.

Fourth, testimony by professionals that adoption, foster care, and preventive services cost less than institutional state care may also have an unintended outcome. Some may translate the comparisons to mean that the least expensive services are <u>always</u> the best alternatives. Unfortunately, such a position fails to consider the unique needs of each child and his family. Instead, Massachusetts should continue to recognize that a sound permanency planning system consists of a continuum of family and child welfare services where each has equal importance and requires adequate financing.

To avoid these unintended consequences and continue the progress in permanency planning, especially in a time of fiscal restraint, Massachusetts should maintain a strong partnership between the public and private sectors. The fact that 55% of the financial resources available to voluntary agencies comes from public sources reflects the depth of the financial relationship between the two. In light of this interdependence, public funding decreases may jeopardize the partnership that has been built to date. They may also refuel past differences and tensions as private agencies

struggle to survive and maintain the quality of their services.

However, if the promises that permanency planning holds out for children and their families are to be realized, the public and private sectors will have to recognize that neither one can nor should do the job alone. Renewed collaboration between the two is essential to the continued integrity of the Commonwealth's permanency planning system. Together, the public and private sectors can devise coordinated, cooperative and creative ways of funding and developing programs. And together, they can reaffirm their shared commitment to the goal of permanent families for the Bay State's children and youth.

Proposals

To help the state fulfill its commitment of permanent families for all children and youth, Conference participants proposed that:

1. **Massachusetts ensure that its permanency planning system has all elements essential to a successful one.**

2. **Massachusetts establish and maintain a continuum of family and child welfare services.**

   A comprehensive network of services, including family supports and diverse residential alternatives, should recognize each service as equally important to achieving permanency planning goals.

3. **standards for care by extended family members always rest on the best interest of the child.**

4. **Massachusetts ensure a balance between the rightful tasks, activities, and decision making areas of social workers and attorneys.**

   Sponsoring joint seminars for lawyers and social workers could lead to a better mutual understanding of their respective concerns and requirements. If attorneys understood more about child development and the need for timely case dispositions, they could expedite some of the legal procedures involved. Similarly, if social workers understood more about due process requirements, they could prevent more extensive legal hearings in the future by adequate case preparation.

5. **private group care providers actively participate in shaping, rather than forestalling, future developments in family and child welfare.**

   For example, they should advocate for selective use of longterm residential treatment for children in accordance with children's needs. Group care providers should also remain accountable to the

consumers and purchasers of their services. Additionally, if they continue to diversify their services in a more community-based direction, they will make better use of their staff expertise.

6. the **Department of Social Services strengthen the public-private partnership by expanding collaborative initiatives.**

Some steps the Department could take include using the expertise of private-sector practitioners for agency policy planning; providing advance notice to and opportunities for prior consultation for private agencies about policy, programmatic, and fiscal changes; and developing a mechanism within the purchase-of-service system whereby private providers can reduce residential services and increase other services, as appropriate. DSS should also recognize the need for flexibility in permanency planning policies and practices as they affect individual children and families.

NETWORKING*

As human service funding levels shrink and views about government responsibility for vulnerable citizens shift, advocates will find that they cannot afford to continue business as usual. Instead, they should recognize the dramatic impact of these trends on the scope and structure of the human service system. They should view these changes in their entirety, not just in a piecemeal way. They should also understand that many families and children will experience the potentially devastating consequences, over and over again. And they should see that successful advocacy in an era of fiscal restraint will require the momentum of collective action.

Although advocates may not have power in the traditional sense of the word, networking can enhance the power they do have - the power of their energy, commitment, knowledge, and numbers. Networking is defined by some as an informal process of sharing responsibility to achieve goals. Some networks advocate on behalf of individuals or groups of citizens. Others strive to promote systemic change.

Just as the goals of networking are diverse, so too are the models that have emerged. One model is known as "organizational networking". Under this arrangement, organizations with similar long-term interests link together to form a "critical mass" for furthering their common goals. For example, the Mental Health/Mental Retardation Coalition comprises numerous organizations concerned with the needs of mentally ill and mentally retarded citizens. Born during the 1975 budget crisis, it is especially active in budgetary matters.

A growing special education network provides another example. It was created during the spring of 1981 in response to efforts to change the provisions of Chapter 766. The network enables its membership to share resources, such as clerical support and office space. Additionally, it provides the chance for member groups to broaden their individual political bases.

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*The forum panelists included: Stephen Bing - Executive Director, Massachusetts Advocacy Center; Leslie Colello - Parents Anonymous, Caroline Fish-Murray, Ed.D. - former Chairman, Office for Children Statewide Advisory Council; Reverend Canon Edward W. Rodman- Missioner, Episcopal Diocese of Massachusetts; Miriam Stein, M.S.W. - Director of Programs, Massachusetts Human Services Coalition; Lois A. Stephens - Educational Consultant, Episcopal Diocese of Massachusetts.

A second model is "service networking" one example of which is the Worcester CHINS Consortium. Here, the advantages of membership include those of organizational networking. Additionally, the Consortium provides opportunities for its members to make and implement collective decisions about how to improve services for children.

"Coalition building" represents yet another networking model. Coalitions enable their members to take as many risks as they feel they can. Some members, for example, might be able to take public positions on certain issues. Others might be unable to advocate publicly for them. But they can still play an important role by supporting coalition efforts in alternative ways.

To make effective use of networking, advocates should consider several ways to improve and increase collective action on behalf of children, youth and families. One step they can take is to ensure that networking goals are based on a realistic assessment of current trends. Some suggest a perspective that views the changes as "radical" and the human service advocates as "conservatives". That is, to counter the radicalism, advocates will have to struggle to preserve the gains achieved over the last fifty years. If advocates continue to strive for new reforms, they may lose the fundamental progress made in meeting human needs.

In this view, networks should pursue five basic goals. First, they should advocate for resources to continue meeting the needs of urban and minority youth, including Native Americans of whom about 4,000 live in the greater Boston area alone. Second, they should prevent a return to social control experiments as solutions to human problems. Third, networks should resist efforts to abandon public education in favor of educational voucher systems. Fourth, they should urge continued attention to the special needs of linguistic minorities. And fifth, they should guard against repressive use of the criminal justice system as a social response to human needs.

Additionally, some suggest that advocates expand their networking goals to include the building a body of opinion - one that cares about the quality of family life and sees government as instrumental in promoting family well-being. Many citizens who currently have no need for human services fail to understand that they too might someday need the support of social services. If their families experience unemployment, disability, mental illness, mental retardation, or any other exigency of modern society, they may need to turn to the human service system for help. With effective networking, advocates can educate others about the broad implications of current developments.

Once networking goals are defined, advocates should give thought to strategies for achieving them. Although the means should remain flexible to adapt to changing circumstances, they should include some basic elements. Demanding accountability from elected officials for their actions and decisions is one such element. It might prove especially effective with those who have given lip service to a cause, for example child abuse prevention, but have not followed through with active support for the needed funding.

Another element is extensive involvement with the state budget process. This active participation should also include the revenue side of the

process. Advocates should understand the relationship between appropriations and revenues and the fact that the corporate tax rate in Massachusetts is the fourth lowest in the nation.

Advocates should also concentrate on expanding the span of their networks. Networks can increase their membership by learning how to identify and support each other in pursuit of mutual goals. Some other options include (a) developing mailing lists of all those who are directly or indirectly concerned with the wellbeing of children, youth and families, and (b) joining existing networks. Organized public education campaigns, especially at the local community level, can also prove effective in building a viable constituency for children and their families.

Furthermore, any expansion effort should consider the vast potential of the human service consumer constituency. For example, if each of the 225,000 human service workers in Massachusetts convinced four consumers to become actively involved, an additional one million votes could possibly be mobilized. However, many consumers do not view their concerns as compatible with those of human service providers. And the political process has told them in no uncertain terms that they do not count. Providers and other advocates should therefore work with consumers to overcome these barriers to network expansion.

Another means of improving networks is to strengthen them. To move in this direction, advocates should recognize that they can and should use all human, financial, and organizational resources available. They should, for example, reassess any past reluctance about accepting funds from non-traditional resources. They could also (a) establish a central clearinghouse for data collection and information exchange and (b) obtain technical assistance from other state and national organizations involved in networking efforts.

Networks should also redefine and value the roles and responsibilities of their volunteers. A recent survey found that a total of 31,000 volunteers worked for 350 non-profit agencies in Massachusetts. Networks would do well to maximize the potential of their volunteers by ensuring that assignments reflect the interests and expertise of these individuals.

As advocates strengthen their networks, they should be prepared to address several organizational problems that can easily deflect energy from pursuit of networking goals. One problem is the potential for "bureaucratization". This can occur when networks devote too much time and attention to internal matters. Consequently, networks can take on a life of their own to ensure organizational survival rather than goal achievement. Another problem is competition between human service providers for resources and clients. The mistrust such competition engenders can undermine the cohesion essential to effective networks.

A third problem advocates should anticipate is the diversity of agendas that members bring to any network. When this pluralism is not constructively addressed, it can lead to fragmented, unfocused networking activities. However, if the different interests can be accommodated without compromising basic goals, networks can gain additional strength from this unit and increase the likelihood of accomplishing desired results.

Indeed, the strength of successful networks seems to lie both in the diversity of their membership and the unity of their goals. For some, harnessing this power to preserve the progress achieved and realize further gains for children, youth, and families represents the challenge of the 1980s.

FAMILIES OF THE FUTURE*

American families are changing and the changes affect children in several important ways. Current demographic trends reveal an increasing diversity of household types, a decreasing proportion of children in the population, a growing percentage of children living in single parent families, and a persistently high incidence of poverty among children. These changes and their implications for children, youth and families have not escaped Massachusetts where some are even more pronounced than in the nation as a whole.

Household[1] Diversity. In 1980, approximately 30% of all American households consisted of married couples living with their children. Of the remainder, 29.8% were married couples who did not have children living with them - some because they will never have children, more because they have not yet had them, and most because their children have grown up and left home. Individuals living alone comprised 26.1% of all households. Two-thirds were women, most of them elderly. Better health after sixty-five and increased financial resources, especially Social Security, have enabled many older Americans to live independently. The remaining 13% included unmarried, divorced, separated or widowed women who lived with their children or other unmarried relatives. A little more than half of these women lived with their children.

The diversity of household types in Massachusetts generally parallels that of the country as a whole. But some small differences do exist. For example, the Commonwealth had a slightly lower proportion of households headed by married couples (61.7% vs. 64.6% nationally) in 1976. The state also had a somewhat higher percentage of female-headed families and individuals living alone.

Children in the Population. Nationwide trends toward lower birth and death rates have created a population that is now on the average older than it was in 1960. As a result, children today comprise a smaller proportion of the population. For the country as a whole, children under fifteen declined

*The forum panelists included: Mary Jo Bane, Ph.D. - Associate Professor of Public Policy, Kennedy School of Government; Melvin Delgado, Ph.D. - Associate Professor, Boston University School of Social Work; Ian Menzies - Columnist and Associate Editor, The Boston Globe; Martin Rein, Ph.D. - Professor, Department of Urban Studies and Planning, Massachusetts Institute of Technology; Robert S. Weiss, Ph.D. - Professor of Sociology, University of Massachusetts - Boston.

from 31% of the population in 1960 to 23% in 1980. This trend has been even more apparent in Massachusetts; children under fifteen represent 21% of the population, down from 29% in 1960.

Some of the reasons for this more pronounced drop include the historical tendency of New England women to marry later and have fewer children than the national average. In fact, birth rates have generally been low, especially in comparison to the high fertility regions of the southern and mountain states. Additionally, migration patterns over the last ten years may have contributed to the aging of the Massachusetts population.

Different ethnic groups show different patterns. While the total population is becoming older and the proportion of children is declining, the reverse seems to hold true for blacks and hispanics. The average age among blacks and hispanics is twenty-five and twenty-three respectively, compared to the national average of thirty-one.

Furthermore, the percentage of children in the black and hispanic population is considerably higher than in the total population:

Children as Percentage of the Population

Age	% Total Population	% Black Population	% Hispanic Population
under 5	6.7%	9.2%	11.4%
5 - 9	6.9%	9.4%	10.5%
10 - 14	7.7%	10.1%	10.1%
14 & under	21.3%	28.7%	32.0%

Blacks and hispanics also tend to have higher birth rates than whites both in Massachusetts and the nation as a whole. And although blacks comprised only 4% of the state's population (compared to almost 12% nationally) in 1980, they accounted for about 9% of all 1976 births.

Single Parent Families. In 1980, about 17% of children lived in single parent families, a significant increase from about 8% in 1960. Current projections suggest that 40% to 50% of children born during the 1970s will spend some part of their childhood in single parent families. But the actual number will be lower at any given point in time, since children move between one and two parent families as their parents separate and remarry.

These projections assume that the present divorce rate will not increase. However, this assumption may prove erroneous. For about two years, the rate had seemed to stabilize after nearly twenty years of steady increase. But since the middle of 1981, monthly reports from the Office of Vital Statistics show the divorce rate once again climbing.

The growth in single parent families has resulted from several different trends and factors. The trends include the increased rates of divorce and slower remarriage rates. In fact, 70% of children who live in single parent families come to that status through parental separation and divorce. Another

contributing trend has been the increased rate of births to unmarried mothers. Additionally, factors such as the death, hospitalization, incarceration, or military service of a parent can create single-parent families.

Black children are much more likely to live in single parent families than their white peers. The reasons for this remain unclear. But they may reflect the dreary employment prospects faced by young black men, the community kin-support systems available to young black women, and the present structure of public assistance programs.

In Massachusetts, the proportion of children who live in single parent families has also more than doubled. It rose from about 6.5% in 1960 to slightly under 15%. Although the state's rate was lower than the national rate in 1960 and 1970, it was somewhat higher by 1976. And projections suggest that in 1980 the proportion of the Bay State's children in single parent families was at least as high as that in the country as a whole.

The increase in Massachusetts relative to the nation seems perplexing. Its divorce rates have been and continue to be slightly lower than national rates. Rates of birth to unmarried mothers have also been somewhat lower than national rates. Moreover, the state's minorities represent a much lower percentage of the population than in the nation. One possible explanation suggests that remarriage rates in the Commonwealth may be lower than national rates.

Income and Poverty. Income levels and poverty rates represent two salient indicators of the quality of family life. During the last two decades, median income in Massachusetts and the United States has risen. The growth has been in both real and nominal terms. In Massachusetts, median income is actually about 10% higher than that of the nation as a whole.

However, specific income trends have varied greatly for different types of families. Husband-wife families, for example, saw a substantial growth in median income during the 1960s. It then decreased slightly during the mid-1970s recession but rose modestly again in the late 1970s. In Massachusetts, these families had similar experiences with perhaps a larger decrease during the 1970s recession.

Two factors seem to account for the general economic wellbeing of husband-wife families in Massachusetts. First, the state has maintained a relatively strong economic position. Second, the growth in the labor force participation of married women has been steady. Indeed, because more Massachusetts women tend to work outside the home than the national average, median incomes for the state's husband-wife families may have been higher.

By contrast, female headed families have fared dismally. Nationally, their real median income fell during the 1970s recession and subsequently remained flat. At the same time, the ratio of female-head to husband-wife median income has deteriorated. The median income of female headed families is now less than half that of male headed families. In Massachusetts, the drop in their relative income position has been even more pronounced. The real median income of female headed families fell so sharply during the 1970s recession that it became lower in 1975 than it had been in 1959.

Although the poverty rate among children has declined substantially over that last twenty-five years, poverty remains a pervasive and persistent problem for many of the Commonwealth's children. Historically, the proportion of American children living below the poverty line fell from almost 30% in the late 1950s to about 15% in 1970. During the 1970s, the rate remained fairly constant, hovering around 15%. However, from 1979 to 1980, the number of poor children grew from 10.2 million to 11.4 million, an increase from one in six children to almost one in five.

In Massachusetts, poverty rates for children have been steadily increasing. They were well below national levels in 1970 and 1976. But between those years they rose more steeply from approximately 8% to about 12%. The increase seems to have resulted largely from the growth in female headed families. These families comprise about 65% of the Commonwealth's poor, a much higher percentage than in the nation as a whole. In fact, while national poverty rates for children in female headed families declined between 1970 and 1975, the rate for this group rose in Massachusetts. Despite a generally healthy economy and the level of public assistance benefits, female headed families and their children are just as bad off as they are elsewhere ... and getting worse.

The implications of current demographic trends for Massachusetts children and youth are far-reaching. They will affect their health and wellbeing in several important ways. For one, the new diversity in household types means that households with children no longer constitute a majority in most communities. Whatever else this may suggest, it almost certainly implies no automatic, majority constituency for children's services, especially education. Second, lower birth rates mean that children are growing up in smaller families and on the average have fewer siblings. This trend may therefore account for some of the dramatically increased demand for nursery school and kindergarten programs in recent years. Parents now seek other opportunities for their children to work and play with peers.

Additionally, the high and growing poverty rate among Massachusetts children means that more and more will find themselves growing up in poverty. The future this trend holds for them is bleak. Poverty will take its toll on their development as children and their prospects as adults. For many, a childhood in poverty will also be compounded by their status as children from single-parent families. Their parents probably have too much to do and worry about singlehandedly. And they have no one but their children with whom to share family worries and responsibilities.

For children of parental separation and divorce, the increase in single parent families bears special psychological and economic implications. Parental separation almost universally provokes distress, often in the form of anxiety, in children. They rely on both parents as guarantors of their security. But they find that parental separation reduces to one the persons who provide them with care, protection and support. It is therefore important that, despite parental separation, children retain as much of their relationship with both parents as possible.

However, prevailing modes of making custody determinations often add to the distress experienced. Loath to line up with one parent against the

other, children generally feel torn between the two. Alternatively joint legal custody, even when it involves physical custody by one parent, can facilitate frequent and easy access to both parents. Such arrangements also provide legal recognition that both parents remain parents with parental rights and obligations.

Most marital separations are also accompanied by conflicts between parents that upset children and add to their distress. In these situations, use of a mediated rather than adversarial approach to dispute resolution could minimize the conflict and its consequence. But some attorneys are skeptical of mediation; they believe that they can get a better deal for their clients through traditional advocacy. Others, however, have found mediation effective enough to warrant greater consideration. It can help reduce the potential conflict between parents and find a solution that is acceptable to both.

Mediation can also help minimize conflict after marital separation. Sometimes parents who are committed to working together as parents even though no longer married, find they need someone to mediate an otherwise unmanageable dispute. For such no-longer married parents, access to trained, sensitive mediators can help them continue to work effectively together for their children.

Parents themselves often become distressed and depressed by the separation, as they grapple with such issues as loss and betrayal. Preoccupied with their own troubles, single parents are ordinarily less able to respond to their children than they might under better circumstances. Evaluations of programs that offer support and orientation for parents regularly suggest that they can foster a return to effective functioning after marital separation.

Research on similar programs for children indicates mixed results. Some children find them helpful while others do not. However, the Menninger Institute has found a one-day court-sponsored program most useful. It involves both children and their parents but does not require participation in an ongoing program.

Among the most pressing worries new single parents confront is a greatly reduced income for relatively constant expenses. When mothers assume custody of their children, their household income usually drops substantially. For mothers in the upper income third when married, post-separation income represents about 50% of the previous level; for those in the lower income third, it declines to approximately 75%. However, the departure of the husband/father does not really affect fixed household expenses. In fact, food and housing expenditures in the first year after marital separation are over 90% of the amount spent during marriage.

The greatly reduced incomes available to these parents and their children frequently reflect the inadequacy of child support orders. Even when initial levels seem sufficient, a few years of inflation soon render then inadequate. Yet, separation agreements rarely include cost of living adjustments.

Another financial hardship results from the failure of former spouses to make child support payments, even if they are court-ordered. When this occurs, some parents may have no other source of support. They therefore

sometimes turn to public assistance. Research suggests that almost one-third of single parents make some use of public welfare. Generally, they need to use it in the first year after the break and on a temporary basis.

But as they become the main wage earners in their families, most single parents work. Over 80% of divorced mothers are in the labor force. However, because women are still treated as secondary wage earners, the jobs available to them and the concomitant pay scales reflect this status. Consequently, the incomes they earn frequently fall far short of the amount they need to maintain a decent standard of living for their children.

Current demographic trends and their implications for children challenge the Commonwealth's public policies toward families, especially in a time of shrinking resources. To date, the state's historical commitment to children and families has resulted in better education, more children in school, more recreational and social service programs, lower infant and child morbidity and mortality rates, and lower poverty rates than most states in the nation. Now, the challenge comes in several crucial areas, including education, social services, public welfare, and family law. But while consensus emerges about the urgency of these issues, wide disagreement exists about the steps government should take to address them.

In education, Massachusetts confronts a generally declining school-age population and severe budget constraints on local governments. The schools, therefore, face pressures to reduce staff and supplementary services. However, many minority children are just beginning to enter the preschool and elementary school systems. Additionally, more and more children are coming to school bearing the economic and emotional stresses created by poverty and single parent family situations.

How to strengthen the educational mission of the schools given these demographic trends emerges as a central question for the 1980's. Some suggest that the solution lies in greater parental responsibility for the education of their children. To move in this direction, they propose an educational voucher system that would give parents choice and children access to better education. Private education would in turn open the doors to good employment opportunities. They also urge the elimination of family life education from school curricula to strengthen parental responsibility for preparing young people for family life.

Others, however, find that parents sometimes need help from other societal institutions, such as schools and places of worship, in fulfilling their family responsibilities. In fact, because many of the problems that families face interfere with children's learning, the schools could be an important setting in which to address them. The problems include poverty, racism, and unemployment. But some fear that the two-track educational system created by educational vouchers would only ignore these issues. At a minimum, they therefore believe that teachers and other school personnel should be sensitive to the needs of their students and prepared to deal with them.

In social services, one issue the state faces is improving the responsiveness of the system to the needs of minority children, youth and families. For one, many black and hispanic children are just beginning to enter the

now shrinking social service system. Second, public policy has not readily recognized how hispanic culture defines the family. As a ritual kinship system, it includes immediate family members as well as godparents, neighbors, and close friends. However, they are often overlooked as appropriate care-givers in favor of total strangers. Massachusetts should therefore consider them when it arranges for services such as day care and foster care. These arrangements should also include the reimbursement paid to any suitable provider of social services.

However, the basic challenge for public social services seems to lie in the conflicting views about their effects on families. Some see public social services as government intervention that undermines the family. In this view, for example, the availability of day care can be seen as driving mothers out of the home, into the labor force, and away from fulfilling family responsibilities. Government should therefore further reduce the amount of public funding spent on social services. Instead, it should use the limited resources available to strengthen family life.

By contrast, others find that social services have strengthened families and their members. For example, food stamp, school lunch, nutrition, and other publicly-funded programs have contributed significantly to the elimination of widespread hunger and malnutrition, especially among children. Social Security, togewther with Medicare and other support services, has enabled many older individuals and couples to live independently. On the other hand, they realize that not much progress has been made in the areas of poverty and unemployment. But they question whether public policy has seriously attempted to eliminate these problems.

They too believe that families, friends, clergy, volunteers and others can play a major role in easing some of the stresses of modern society. However, they also think that public social services should continue to serve an important function in preserving and expanding the progress made in child and family wellbeing. Therefore, the programs that are most effective in improving the quality of life should be carefully nurtured.

In the area of divorce, the role of state government is being debated. Some feel that state government should take a punitive stance. That is, it should make divorce unacceptable and place greater pressure on parents who leave their families. Additionally, they believe that Massachusetts should revise its current policies on day care and public assistance to remove any incentive for parents to abandon their families.

Others, however, recognize divorce as a difficult decision that parents make only when no other alternative exists. They also point out that past state efforts to restrict divorce only compounded the misery for children and parents. When states prohibited divorce except on grounds of adultery, parents would nevertheless separate. Some would enter bigamous marriages while others established second families without marriage. In light of these considerations, they urge that state policies reduce the harshness of divorce for children.

Perhaps, Massachusetts faces the biggest challenge in public welfare. At a time when eligibility standards and benefit levels for public assistance programs are becoming more restrictive, the number of children and

their families living in poverty is growing. The need for coordinated, constructive job and income support programs is now more crucial than ever before. Therefore, the state should make sure that the structure and benefits of its public welfare programs encourage and enhance self support, regular employment, and family wellbeing.

The nature, scope and implications of current demographic trends impel Massachusetts and its citizens to reexamine the state's policies toward children and families. But careful and constructive changes will also require greater public understanding of the critical issues affecting children, youth and families. Here, the media can play a major role by analyzing and presenting the data now available. For example, it can focus state attention on the impact of poverty and the reality of contemporary family life. Above all, the media can ask if the Commonwealth - its local and state governments, voluntary agencies, neighborhoods, communities, and individual citizens - is ready to take the steps needed to improve the quality of family life in Massachusetts.

Proposals

To strengthen and support Massachusetts families in a time of rapid demographic change, Conference participants proposed that:

1. **the media, together with universities and citizen organizations, increase public awareness of family life diversity and the nature, scope, and implications of current demographic trends.**

2. **Massachusetts ensure that the structure and benefits of its public assistance programs constructively preserve family wellbeing and facilitate self support and permanent employment.**

3. **the Commonwealth and its public schools plan for the increasing numbers of minority children who are just beginning to enter the social service and educational system.**

   If the Commonwealth fails now to recognize the needs of these children, the social, emotional, and financial costs of meeting their needs in the future will significantly increase.

4. **Massachusetts public policy recognize the importance of the extended family in providing appropriate, needed services to Hispanic children, especially in the areas of social service, mental health, and housing.**

5. **teachers and school personnel be sensitive to the needs of single-parent children and be prepared to address their problems.**

6. **Massachusetts reduce the harshness of divorce for children.**

   Some steps in this direction include: encouraging joint legal custody; establishing programs that offer support and orientation to parents and children; encouraging the availability of jobs and pay scales appropriate to mothers who become the primary wage earners in their families; establishing guidelines for support agreements to ensure that family incomes are commensurate with needs and expenses; and increasing access to mediation.

7. **the Commonwealth provide fewer social services and income maintenance supports to strengthen family responsibility and encourage mothers to remain at home.**

References

1. For purposes of this forum, a household was defined as all persons occupying a housing unit. A family was defined as a group of two or more persons related by blood, marriage, or adoption and living together.

ADDITIONAL PROPOSALS

Subsequent to the Conference, the Pro Family Forum submitted a detailed set of comments and proposals. Copies are available upon request from:

The Governor's Advisory Committee
on Children and the Family
Room 109
The State House
Boston, Massachusetts 02133
(617) 727-6870